

No. 2  
1-4-41  
1-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9547

FILED APR 25 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1476

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Gen Hospital #2  
(d) Length of stay: In hospital or institution 5 1/2 hrs  
In this community 18 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No 806 Chesapeake Ave  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LONNIE CRAWFORD  
3. (b) If veteran World War I  
3. (c) Social Security No none

4. Sex male 5. Color or race negro  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug 24 1891

8. AGE: Years 50 Months 7 Days 4

9. Birthplace Holliday Kansas

10. Usual occupation Laborer

11. Industry or business  
12. Name Lark Crawford  
13. Birthplace Unknown  
14. Maiden name Alice Lyons  
15. Birthplace Jenny

16. (a) Informant Alice Walton  
(b) Address Edwardsville Kansas

17. (a) Burial, cremation, or removal removed (b) Date thereof 4-15-42  
(c) Place: burial or cremation Edwardsville Kansas

18. (a) Signature of funeral director A. Stealing Bills  
(b) Address 1212 Ave K. C. Mo

19. (a) 4-14-42 (b) M. M. Crowe

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 28 year 1942  
21. I hereby certify that patient died from Compression of the spinal cord & destruction of 5th cervical vertebrae  
that I was alive on 1942 and that death occurred on the date and hour stated above.  
Immediate cause of death.

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy: Yes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No not know  
(b) Date of occurrence  
(c) Where did injury occur? No not know  
(d) Did injury occur at or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury  
23. Signature M. M. Crowe (M. D. or other)  
Address 1400 No. Date signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 1 1942

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E. Sterling Billa*

Licensed Embalmer No. *3178*

P. O. Address *#1 1212*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**



