. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13281

State File No. 1659

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether

In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Reno 999

(c) City or town Hutchinson Kansas 14 (If outside city or town limits, write "RURAL")

(d) Street No. 9 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margie Marie Crecelius

3. (b) If veteran, name war ✓ no.

3. (c) Social Security No. ✓ None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wnf.

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June (Month) 9 (Day) 1941 (Year)

8. AGE: Years | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Hutchinson (City, town, or county) Kansas (State or foreign country)

10. Usual occupation ✓ none

11. Industry or business ✓

FATHER
12. Name Ray Rosco Crecelius
13. Birthplace Corydon (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Tem Hollowell
15. Birthplace Argenia (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Ray R Crecelius

(b) Address Hutchinson Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hutchinson Kansas

18. (a) Signature of funeral director Pumsey Funeral Home

(b) Address Mission Kansas

19. (a) 4-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1942 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 21 1942 to April 27 1942 that I last saw her alive on April 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain tumor, Symptoms medulloblastoma - malignant	4 weeks
Due to	
54 P	
Due to	
Other conditions Hydrocephalus (Include pregnancy within 3 months of death)	"

Major findings:
Of operations none

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank R Teachenor (M. D. or other) M.D.

Address 1630 Prof. Bldg. K.C. Mo Date signed 4-28-42

361 (Licensed Embalmer's Statement on Reverse Side) F Teachenor.

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 J. S. Ramsey

Licensed Embalmer No. 4165

P. O. Address Merriam, Kansas

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

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

R. 500