

FILED JAN 14 1943

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4921

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 Days  
 In this community 42 Yrs  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4626 East 8 St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Samuel D. Crowley  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28  
 year 1942 hour 12:05 minute P. M.  
 21. I hereby certify that I attended the deceased from Coroner  
 that I last saw him alive on \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife Nancy Ann Crowley 6. (c) Age of husband or wife if alive. 69 years  
 7. Birth date of deceased Nov 15 1873  
 (Month) (Day) (Year)

Immediate cause of death Fracture of femur Bronchial pneumonia  
 Due to Fall at home  
 Due to 1862  
 Other conditions 18  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
69 1 13 hr. min.

9. Birthplace Richmond Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Guard

11. Industry or business Federal Reserve Bank,

MOTHER FATHER { 12. Name Thomas Crowley  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Ann Wells  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Nancy N. Crowley

(b) Address 4626 East 8 St.

17. (a) Burial (b) Date thereof Dec-31-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 12-31-42 (b) M M. Crowe  
 (Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy see above

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence 12/20/42  
 (c) Where did injury occur? R.C. Mo. Jackson Co.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
 While at \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury fall in yard  
 23. Signature [Signature] 3 (M. D. or other)  
 Address R.C. Mo. Date signed 12/28/42

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

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**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 *Denzil C. Browning*.....

Licensed Embalmer No. *2727*.....

P. O. Address *Manassas City Mo*.....

**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.**