

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2303

FD 111N 7 10AM
Registration District No. 149

Primary Registration District No. 1002

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

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:
4714 Harrison Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 Years
(Specify whether years, months or days)

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. 4714 Harrison Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Rosa Lee Crowe

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17th
year 1945 hour 3 minute 45 P. M.

3. (b) If veteran, name war No 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Feb. 1941
_____ 19____ to May 17 1943
that I last saw her alive on May 17 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. James E. Crowe
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 27 1874
(Month) (Day) (Year)

Immediate cause of death Cerebral Haemorrhage Duration 4 da.

8. AGE: Years Months Days If less than one day
68 10 20 hr. _____ min.

Due to Arterio-sclerosis 4 yrs
Diabetes 2 yrs

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

Due to 61

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

PHYSICIAN _____

MOTHER { 12. Name Robert Craig

Major findings: Of operations _____

13. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Unknown Weathers

Underline the cause to which death should be charged statistically.

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Crowe

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

(b) Address 4714 Harrison

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

17. (a) Burial (b) Date thereof 5-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Mt. Moriah

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

18. (a) Signature of funeral director L. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 5-19-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature F. B. Wallace (M. D. or other) _____
Address 703 Lathrop Bldg. KCMo Date signed 5/18/43

1-5-70
Hallberg Body

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 A. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address A. C. 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.