

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27286
 Registrar's No. 3552

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

FILED **AUG 27 1943** 149
 Registration District No. 149

Primary Registration District No. 1002

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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether
 In this community Lifetime (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Robert Edmond Crain
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: July 9 1933
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 1 7 hr. min.

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

10. Usual occupation Scholar

11. Industry or business Frances Willard School

MOTHER FATHER { 12. Name Henry L. Crain
 13. Birthplace Linn Creek Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Gertrude Mc Mahon
 15. Birthplace Kansas City Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Henry L. Crain
 (b) Address 5101 Highland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. F. Kucumeli, Sr.
 (b) Address 1401 Brush Creek Blvd

19. (a) 8-17-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)
Dep.

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. 5101 Highland (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
 year 1943 hour 6 minute 40 A. M.
 21. I hereby certify that I attended the deceased from August 14 19 43
August 16 19 43
 that I last saw him alive on August 16 19 43
 and that death occurred on the date and hour stated above.

Immediate cause of death acute bulbar poliomyelitis
 Due to _____
 Due to 36
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature Dr. Army R. Shon (M. D. or other) _____
 Address General Hosp Date signed _____

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

K. 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.