

NOV 1 1943

Registration District No. ....

149

Primary Registration District No. ....

1002

4480

1. PLACE OF DEATH: Jackson

(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: General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 Min.  
(Specify whether in this community: 18 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No.: 1033 Elmwood  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Douglas McArthur Crawford

3. (b) If veteran, name war: -- no 3. (c) Social Security No.: none

4. Sex: Male 5. Color or Race: W 6. (a) Single, widowed, married, divorced, widf.

6. (b) Name of husband or wife: -- 6. (c) Age of husband or wife if alive: -- years

7. Birth date of deceased: April 10, 1942 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	6	11	hr. min.

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

10. Usual occupation: -- Infant

11. Industry or business: --

MOTHER FATHER { 12. Name: Audrey F. Crawford

13. Birthplace: Greentop Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Orpha Lackey

15. Birthplace: Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant: Marie Adams

(b) Address: 1033 Elmwood, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 23-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: Sheil Funeral Home

(b) Address: 6606 Indep. Ave. K.C. Mo.

19. (a) 10-22-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 21 year: 1943 hour: 1 minute: P M.

21. I hereby certify that I attended the deceased from Deputy Coroner that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to:

Due to:

Other conditions: 107 (Include pregnancy within 3 months of death)

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):

(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) (c) Means of injury

23. Signature: J. E. Brown (M. D. or other)

Address: 23 Mc Kay Date signed: 10/21/43

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**