S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 33747

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4481

**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: 7564 Olive 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 55 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 7564 Olive St. (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME James Edgar Crosby

3. (b) If veteran, name war No

3. (c) Social Security No. 494-12-6770

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Alice M. Crosby

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 14 (Day) 1873 (Year)

8. AGE: Years 70 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Marion County (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation General Contractor

11. Industry or business Building

FATHER
12. Name Lemuel Crosby
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name May Gall
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Alice M. Crosby

(b) Address 7564 Olive St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City Mo.

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 20 year 1943 hour about 11:00 P. M.

21. I hereby certify that I attended the deceased from Seen only by me soon after death; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with Auricular Fibrillation

Due to Information from Dr. J. V. Bell

Due to who is ill at this time - Dr. Bell deceased's physician

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

Duration

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 Jack Ferris (M. D. or other) MD

Address 934 Argyle Bld Kansas City, Mo Date signed 10-22-43

(Licensed Embalmer's Statement on Reverse Side)

## 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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.**

P27C Omega

angyle Blvd