

FILED DEC 3 1943
 Registration District No. 179

Primary Registration District No. 1002

State File No. _____
 Registrar's No. 4802

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: Trinity Lutheran
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
 In this community 40 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. 4042 Garfield
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. EVA CROUCH

3. (b) If veteran, name war XX 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Albert A. Crouch 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 27 1862
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Ira L. Amrine

13. Birthplace Marvsville Ohio
 (City, town, or county) (State or foreign country)

14. Maiden name Katherine Brent

15. Birthplace Quincy Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Edgar A. Crouch

(b) Address 3420 Locust

17. (a) Burial (b) Date thereof 11-16-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 11-15-43 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
 year 1943 hour 5: minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 10 1943 to Nov 12 1943
 that I last saw her alive on Nov 12 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 3 days

Due to Arterio sclerosis 104-
Lobar pneumonia 1 day

Due to above condition
 Other conditions: head injuries
 (includes pregnancy within 3 months of death)
due to fall on head at

Major findings: none of stroke

Of autopsy 830'

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 Allen L. Hearsh (M. D. or other) _____
 Address 1100 P. St. Bldg Date signed 10-13-43

PHYSICIAN

 Underline the cause to which death should be charged statistically.

Proof 12/24
H A 3177

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. R. Hamshell

Licensed Embalmer No. 4159

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.