

FILED MAY 5 1944

1838

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City, Mo.  
 (c) Name of hospital or institution: Lake Side Hospital  
 (d) Length of stay: In hospital or institution 2 days  
 In this community 54 yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Mo.  
 (d) Street No. 343 North Bellaire  
 (e) Citizen of foreign country? No  
 If yes, name country None

3. (a) PRINT FULL NAME Mrs. Minnie Crawford  
 (b) If veteran, name war None  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Apr. day 25th  
 year 1944 hour 5 minute 15 A. M.

4. Sex F  
 5. Color or race W  
 6. (a) Single, widowed, married, divorced Divorced  
 (b) Name of husband or wife John Crawford  
 (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased: 6-21-1889

21. I hereby certify that I attended the deceased from Apr. 22, 1944, to Apr. 25, 1944, that I last saw her alive on Apr. 24, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 10 Days 4  
 If less than one day hr. min.

Immediate cause of death Coronary occlusion  
 Due to Angina pectoris  
 Due to Essential Hypertension  
 Other conditions: None  
 (Include pregnancy within 3 months of death)

9. Birthplace Shelbyville, Mo.  
 10. Usual occupation Housewife

PHYSICIAN  
 Major findings: 94a  
 Of operations None  
 Of autopsy None  
 Underline the cause to which death should be charged statistically.

11. Industry or business None  
 12. Name Andrew Horn  
 13. Birthplace Ill.  
 14. Maiden name Della Barnett  
 15. Birthplace Montreal Canada

16. (a) Informant Miss Mazo Smith  
 (b) Address 343 N. Bellaire K.C. Mo.  
 17. (a) Burial (b) Date thereof Apr. 27-44  
 (c) Place: burial or cremation Forest Hill Cemetery  
 18. (a) Signature of funeral director Sheil Funeral Home  
 (b) Address 6606 Indep. Ave. K.C. Mo.  
 19. (a) 4-27-44 (b) T. E. Brown

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) None  
 (b) Date of occurrence None  
 (c) Where did injury occur? None  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 23. Signature J. J. [unclear] (M. D. or other) D.O.  
 Address 5902 St. John Date signed 4/25/44

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

MOTHER FATHER

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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.**