

FILED MAY 25 1944
149
Registration District No. 149

Primary Registration District No. 1002

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: K.C. TB Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mo.
(Specify whether years, months or days)

In this community 1 year.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1802 Woodland
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Crawford

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race C

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 21 years
(Month) (Day) (Year)

7. Birth date of deceased 2 21 1930
(Month) (Day) (Year)

8. AGE: Years 14 Months 1 Days 17 If less than one day 16 hr. min.

9. Birthplace Lula Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name George Crawford

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

14. Maiden name Mamie Casey

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

16. (a) Informant Records of K.C. TB Hosp.

(b) Address K.C. Mo.

17. (a) BURIAL (b) Date thereof 5-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY - LEED, MO.

18. (a) Signature of funeral director HUDSON-WILLIAMS

(b) Address 1513 TROOST - K.C., MO.

19. (a) 5-13-44 (b) P. E. Brown
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7 year 1944 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from January 17 1944, to Apr 7 1944
that I last saw him alive on Apr 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death pul. TB

Duration 7 mo.

Due to

Due to

Other conditions Umbilical hernia
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy same

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 0

23. Signature Walter S. Noon (M. D. or other)
Address Leeds Mo. Date signed 4-7-44

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.