

FILED FEB 14 1945
Registration District No. 197

Primary Registration District No. 1002

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 4418 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether)
In this community 55 years (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. 4418 Harrison
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Häirold D. Crane
(b) If veteran, name war no.
3: (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 29
year 1945 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from Dec 1
1944 to Jan. 29 1945
that I last saw him alive on Jan 28 and that death occurred on the date and hour stated above. 1945

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Marian Crane
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 1 1884
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction
Due to Coronary Thrombosis
Due to Valvular Heart Disease
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 92-15
Of autopsy

8. AGE: Years Months Days If less than one day
60 6 28 hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Textile

11. Industry or business X

12. Name Edgar Crane
13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Frances Dayton
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Marian Crane
(b) Address 4418 Harrison, Kansas City, Mo.

17. (a) Burial (b) Date thereof 2-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem
18. (c) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-30-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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
23. Signature Carl Johnson (M. D. or)
Address 1109 1/2 W. 11th Date signed 1-30-45

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

Dr. Carl Jackson,

1184. E ARMOUR

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... *Robert H Reed*

Licensed Embalmer No. *3745*

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.