

FILED JAN 17 1945
199

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2004 Agnes St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte 83

(c) City or town East Leavenworth Mo.
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. 1 mile East of E. Leavenworth.
(If rural, give location)

(e) Citizen of foreign country? No (Yes/No) (Specify whether years, months or days)
If yes, name country: 1

3. (a) PRINT FULL NAME Sharon Rose Crookley

3. (b) If veteran, name war No

3. (c) Social Security No. 700

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1944 hour 2 minute 45 PM

21. I hereby certify that I attended the deceased from 7/10 1944 to Dec 26 1944 that I last saw her alive on Dec 15 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased June 20 1942
(Month) (Day) (Year)

Immediate cause of death Tumor of Brain N.M.O. Duration 6 Mo

8. AGE: Years 2 Months 11 Days 6 If less than one day hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 57 D.

MOTHER FATHER

9. Birthplace East Leavenworth Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Child at home

11. Industry or business on the farm

12. Name Wynnan Crookley

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

14. Maiden name Edith Mae Dunlap

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

16. (a) Informant Wynnan Crookley

(b) Address East Leavenworth Mo

17. (a) Bury (b) Date thereof Dec 30 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Mo

18. (a) Signature of funeral director Platte St. Francis

(b) Address Parkville Mo

19. (a) 12-31-44 (b) T. E. Brown (1/3)
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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 2

23. Signature D. J. Felling (M.D. or other) D.O.
Address Weston Date signed 12/28/44

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Edward G. Francis

Licensed Embalmer No. 3451

P. O. Address Fairville, 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.