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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 23 1945  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2863

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: General Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days)  
 In this community since 1913

3. (a) PRINT FULL NAME Josephine Crutsinger  
 3. (b) If veteran, name war no.  
 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Albert F. Crutsinger  
 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased August 31 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 10 28 hr. \_\_\_\_\_ min.

9. Birthplace Arizona  
(City, town, or county) (State or foreign country)  
at home,

10. Usual occupation \_\_\_\_\_  
 11. Industry or business X

MOTHER FATHER

12. Name Jake New  
 13. Birthplace unknown, 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown,  
 15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert F. Crutsinger,  
 (b) Address 3000 Tracy, Kansas City, Mo.  
 17. (a) Burial (b) Date thereof 7-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 7-9-45 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 4/8  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3000 Tracy 9  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
1945 year hour 8 minute 05 M.

21. I hereby certify that I attended the deceased from June 26 1945 to July 9 1945  
 that I last saw her alive on July 9 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary infarct- ion decompensation  
 Due to Cardiac decompensation

Due to \_\_\_\_\_  
 Other conditions 95C<sup>2</sup>  
(Include pregnancy within 3 months of death)

Major findings: 95C<sup>2</sup>  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Clark W. Seely (M.D. or other)  
 Med. Dir. K.C. General Hospital  
 Address \_\_\_\_\_  
 Date signed \_\_\_\_\_

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 E. M. Plank  
Licensed Embalmer No. 1848  
P. O. Address 76. C. 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.