V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29607

FILED OCT 17 1945

Registration District No. 44 Primary Registration District No. 1002 Registrar's No. 4048

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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: 2531 BELLEFONTAINE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1 YEAR

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLAY 24
(c) City or town EXCELSIOR SPRINGS. 1
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHRISTOPHER C. CROWLEY

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife unknown.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB. - 13 - 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 19 If less than one day hr. min.

9. Birthplace RAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

MOTHER FATHER
12. Name ANDREW J. CROWLEY
13. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name MARTHA WILLIAMS
15. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Madalene Todd
(b) Address Kansas City, Mo.

17. (a) BURIAL - REMOVAL (Burial, cremation, or removal) Date thereof 10-2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation EXCELSIOR SPRINGS, Mo

18. (a) Signature of funeral director Claude Richard
(b) Address EXCELSIOR SPRINGS, Mo.

19. (a) 10-2-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 2ND year 1945 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 6, 1945, to Oct 2, 1945, that I last saw him alive on Oct 1, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1yr
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
Of autopsy: 0	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Thos L. Downey (M. D. or other)
Address 910 Argyle Bldg. Date signed 10/2/45

(Licensed Embalmer's Statement on Reverse Side)

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. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs

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.