

FILED NOV 14 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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 2617 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 23 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL")
(d) Street No. 2617 Highland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Willa Crawford

3. (b) If veteran, name war — no 3. (c) Social Security No. 487-12-2977

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Nov. 5 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 12 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Belton Texas
(City, town, or county) (State or foreign country)

10. Usual occupation maid-martins

11. Industry or business 210 W. 47th K.C. Mo.

12. Name Isaac Crawford

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

14. Maiden name Ella Shanklin

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

16. (a) Informant Ella Louise Crawford

(b) Address 310 - 17th St. Dublack Tex

17. (a) Burial (b) Date thereof 11-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem. Adkins Bros.

18. (a) Signature of funeral director _____

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 11-1-45 (b) Sheraldine Holmes
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1945 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 18 1945, to Oct. 29 1945 that I last saw him alive on Oct 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death acute Pulmonary edema Duration _____
Due to chronic myocarditis PK.

Due to _____
Other conditions Chronic interstitial nephritis
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 1310
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 L.E. Williams (M. D. or other) _____
Address 2201 E. 27th Date signed 10/21/45

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

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3
8

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 *A. T. Moore*.....

Licensed Embalmer No. *948*.....

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.