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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36127

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 4625

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

1. PLACE OF DEATH:
(a) County Jackson County
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2-600 E. 22nd. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-11-45/11-7-45 (Specify whether years, months or days)
In this community ~~Yes~~ unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson County
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3430 Colorado
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Crawford
3. (b) If veteran, name war —
3. (c) Social Security No. no
4. Sex Female
5. Color or race Negro
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 5 (Month) 19 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
73	5	18	hr. min.

9. Birthplace Houston (City, town, or county) Texas (State or foreign country)
10. Usual occupation UNEMPLOYED
11. Industry or business
FATHER 12. Name George Reed
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Katherine ?
15. Birthplace (City, town, or county) Louisiana (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 11-9-45 (Date received local registrar) (b) Geraldine Helmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 1945 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from 9-11-45/11-7-45, 19..., to ..., 19...; that I last saw her alive on 11-7-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis	Duration
Due to Adenocarcinoma of the breast	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. E. Turner (M. D. or other)
Address Gen. Hosp. #2 Date signed 11-7-45

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1946

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.