

**FILED** APR 22 1946

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1675**

**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: North East Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 17-Min  
 (Specify whether  
 In this community. 33 yrs  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3906 E-18 St  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** George Daniel Crow  
 3. (b) If veteran, name war. no 3. (c) Social Security No. 495-072405  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Virginia M Crow 6. (c) Age of husband or wife if alive 25 years  
 7. Birth date of deceased Mar 23 1912  
 (Month) (Day) (Year)

**8. AGE:**

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>33</u> | <u>4</u> | <u>15</u> | hr. min.             |

**9. Birthplace** Kansas City, Mo  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** Leads Brander  
**11. Industry or business** no 2nd  
**12. Name** Wm A Crow  
**13. Birthplace** Mo, 0  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Winnie Knowles  
**15. Birthplace** Mo 0  
 (City, town, or county) (State or foreign country)  
**16. (a) Informant** Virginia M Crow  
 (b) Address 3906 E-18  
**17. (a) Burial** (b) Date thereof. 4-10-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Washington  
**18. (a) Signature of funeral director** Mrs. C. H. Foster  
 (b) Address 718 Brooklyn  
**19. (a) 4-9-46** (b) Edw. Holmes  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 8th year 1946 hour 6 minute 02 P.M.  
**21. I hereby certify that I attended the deceased from** April 1st  
1946 to April 8th 1946  
 that I last saw him alive on April 1st 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism  
 Due to Accidental drinking of Wood Alcohol.  
 Due to \_\_\_\_\_  
 Other conditions. 17 9x18 96  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy hemorrhagic areas in gastric mucosa & hyperemia of mucosa  
**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) accident  
 (b) Date of occurrence April 7, 1946 123  
 (c) Where did injury occur? 1001 Pacific St. Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In industrial place  
 (Specify type of place) (e) Means of injury Train  
 While at work? Yes  
**23. Signature** Edw. Holmes (M.D. or other) Edw.  
 Address 1154 W. Lexington Date signed 7-9-46

Duration \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

11997  
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 Wm K. Jackson  
Licensed Embalmer No. 3954  
P. O. Address KC 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.**