

S. No. 2  
M-5-43  
r. 5-17-39  
I X36671

**FILED SEP 9 1946**

Registration District No. **777**

Primary Registration District No. **1002**

Registrar's No. **3696**

**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:  
Krestwood Convalescent Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days) 30 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8220 Terrace 0  
(If rural, give location)  
(e) Citizen of foreign country? no (No/Yes)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** George H. Crispin

(b) If veteran, name war none (c) Social Security No. none

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Genevieve 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 9 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Harden Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business McKee Cleaners 69th & Prospect

12. Name Silas Crispin

13. Birthplace no Record Ohio  
(City, town, or county) (State or foreign country)?

14. Maiden name no Record Mason

15. Birthplace no Record 9  
(City, town, or county) (State or foreign country)?

16. (a) Informant Mr. Orville Crispin  
(b) Address 8220 Terrace

17. (a) Burial (b) Date thereof 8/28/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Gates Funeral Home  
1901 Olive Blvd. K.C. Mo.  
(b) Address

19. (a) 8-28-46 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 26  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb. 27, 1946, to Aug. 26, 1946  
that I last saw him alive on July 24, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis from Carcinoma of Rectum  
Due to Carcinoma Rectum

Other conditions 40 2  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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 M. C. Schauer M.D. (M. D. or other)  
Address 1210 Professional Bld. Date signed 8-27-46

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

25913

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**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 Rose Blanford

Licensed Embalmer No. 4015

P. O. Address 414 State Line

**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.**