

FILED DEC 19 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40524

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5071

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:
3302 East 53rd Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no.
 In this community life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Elisabeth Anne Crosby3. (b) If veteran, name war no. 3. (c) Social Security No. no.4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced child6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years7. Birth date of deceased November 27 1944
(Month) (Day) (Year)8. AGE: Years 2 Months 0 Days 54 If less than one day hr. min.9. Birthplace Kansas
(City, town, or county) (State or foreign country)10. Usual occupation child11. Industry or business X12. Name Glenn R. Crosby13. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Virginia Sayles15. Birthplace unknown,
(City, town, or county) (State or foreign country)16. (a) Informant Glenn R. Crosby,(b) Address 3302 E. 53rd St., Kansas City, Mo.17. (a) burial (b) Date thereof 12-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Cemetery18. (a) Signature of funeral director Stine & McClure(b) Address 3235 Gillham Plaza, K. C., Mo.19. (a) 12-3-46 (b) Chaldrine Holmes
(Date received local registrar) (Registrar's signature)

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. 3302 East 53rd Street,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 1946 hour 4:00 minute a M.21. I hereby certify that I attended the deceased from born, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Pneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 107
Of operations _____Of autopsy yes as above

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)
(a) Means of injury _____23. Signature Frank W. Miller (M. D. or other) MillerAddress 1424 W. 11th Date signed 12-1-46

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 *J. Calvin Shippard*
Licensed Embalmer No. *4179*
P. O. Address *A. C. 1st*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.