

FILED DEC 31 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5312

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:
1803 E. 16th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Years
(Specify whether 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. 1803 E. 16th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 7

48
3
8

3. (a) PRINT FULL NAME Channey Nancy Crump
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Decembwr day 16th
 year 1946 hour 4 minute 05P M.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Steve Crump 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased October 29, 1851
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 25
1946 to Dec 16, 1946
 that I last saw him alive on 12/15/46
 and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 1 Days 17
 If less than one day hr. min.

Immediate cause of death Cerebral apoplexy
 Due to Arteriosclerosis

9. Birthplace Jackson County, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Other conditions 830
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 830
 Of autopsy 830

MOTHER FATHER
 11. Industry or business 1
 12. Name Elijah Cave
 13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Glenn
 15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Attie Mayberry
 (b) Address 1803 E. 16th Street
 17. (a) Burial (b) Date thereof 12/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery
 18. (a) Signature of funeral director W. H. ...
 (b) Address 1729 S. ...
 19. (a) 12-19-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 830
 (b) Date of occurrence 830
 (c) Where did injury occur? 830
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? 830 (Specify type of place) (e) Means of injury 830
 23. Signature W. H. ... (M. D. or other)
 Address 1612 E. 12 Date signed 12/18/46

E. M. Johnson

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.....

D. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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

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