

FILED DEC 24 1946

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 5213

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:  
Reasch Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
(Specify whether  
 In this community 30 Years  
years, months or days)

3. (a) PRINT FULL NAME William Luther Crutchfield

3. (b) If veteran, name war No. 3. (c) Social Security No. 496-09-5880

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Grace Crutchfield 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased Feb. 3 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 10 8 . hr. min.

9. Birthplace Warrensburg Mo. 0  
(City, town, or county) (State or foreign country)  
Baker

10. Usual occupation Baker

11. Industry or business Rushton Bakingg Co.

12. Name William Crutchfield

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Crutchfield

15. Birthplace North Carolina 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Crutchfield

(b) Address 1614 Lake K.C.K.

17. (a) Burial (b) Date thereof Dec. 14 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Warrensburg

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 41 & State Line KCK

19. (a) 12-12-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999  
 (c) City or town Kansas City 14  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. 1614 Lake  
(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 Dec. day 11  
 year 1946 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 1945 19 Dec. 11 19 46  
 that I last saw him alive on Dec. 2, 1946, 19 46  
 and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of aortic aneurysm 1945  
(non-traumatic) 96  
 Duration

Due to Generalized Arterio-Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 96

Of autopsy (see above)

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) (a) Means of injury

23. Signature [Signature] (M. D. or other) 0

Address 1401 S. W. Blvd Date signed 12/10/46  
H. E. T.

**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 W. Ross Blanford  
Licensed Embalmer No. 4015  
P. O. Address 404 State

**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.**