

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1037**
Registrar's No. **172**

FILED JAN 27 1947

Registration District No. **749** Primary Registration District No. **1002**

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

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:
425 East 74th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **62 Years**
(Specify whether years, months or days)

In this community **62 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. **425 East 74th. Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **EDWARD CHARLES CRAGO**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Nellie E. Crago**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 4th. 1867**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	10	hr. min.

9. Birthplace **Wyoming**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Crago Gear Machine Works**

MOTHER FATHER {

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl E. Crago**

(b) Address **425 East 74th. Street**

17. (a) **Burial** (b) Date thereof **1 - 15 - 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd. St. Kansas City, Mo.**

19. (a) **1-14-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **14th.**
year **1947** hour **1:00 am** M.

21. I hereby certify that I attended the deceased from **1-9-47**
to **1-14** 19**47**

that I last saw him alive on **1-13** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary thrombosis**

Due to **Arteriosclerosis**

Due to _____

Other conditions: **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **none**

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)

(c) Means of injury _____

23. Signature **Dexter J. Wilson** (M. D. or other) **MD**

Address **Plaza Medical Bldg** Date signed **1-14-47**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Elmer C. Wedelin*.....

Licensed Embalmer No. *3495*.....

P. O. Address..... *N. C. 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.