

FILED FEB 24 1947

Registration District No. **150**

Primary Registration District No. **5572**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural Prairie Twp.**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
J. C. E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community **7 months**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Lee's Summit**
(If outside city or town limits, write "RURAL,"
(d) Street No. **2 mi S.W. of Lee's Summit**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Henry Crawford

3. (b) If veteran, name war. **no** 3. (c) Social Security No. **no**

4. Sex **M** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 22 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **5** Days **16** If less than one day hr. **45** min.

9. Birthplace **Unknown - Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **O.A.P.**

11. Industry or business _____

MOTHER FATHER
12. Name **Alexander Crawford**
13. Birthplace _____
14. Maiden name **Caroline Swartz**
15. Birthplace _____

16. (a) Informant **Mrs. Le Roy Van Camp**
(b) Address **Lee's Summit, Mo.**

17. (a) **Burial** (b) Date thereof **2-9-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lee's Summit, Mo.**

18. (a) Signature of funeral director **W. Langford**
(b) Address **Lee's Summit, Mo.**

19. (a) **FEB 5, 1947** (b) **Donald C. Samblan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **6th**
year **1947** hour **12** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **1-27-47**, 19____, to **2-5-47**, 19____;
that I last saw him live on **2-5-47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Concussion of brain
Due to **Recent fall**

Due to _____
Other conditions **Cancer of lip**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **186th**
Of autopsy **18**

22. If death was due to external causes, fill in the following: **Accident**

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **27 Jan 1947**

(c) Where did injury occur? **Lee's Summit, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial plant, in public place?
Sell down stairs at home

While at work? **no** (Specify type of place) Means of injury _____
23. Signature **Frank E. Richards, M.D.**
Address **Jack Co Hosp** Date signed **2/2/47**

Duration
5 days
10.07

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

378

(Licensed Embalmer's Statement on Reverse Side)

Crawford

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.....
: Licensed Embalmer No. 3833
P. O. Address Lee's Summit 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.