

FILED OCT 4 1947
Registration District No.

Primary Registration District No. **1002**

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: **2702 Campbell Comm Home**
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution **6 week**
(Specify whether years, months or days) **5 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2800 Charlotte**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Amanda Crenshaw

3. (b) If veteran, name war.....

no

3. (c) Social Security No.

no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **27**
year **1947** hour **9** minute **50 a** M.
21. I hereby certify that I attended the deceased from **may**, 19**47**, to **sept 27**, 19**47**
that I last saw her alive on **sept 26**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Parotid hemorrhage due to surchosis of liver**
Due to.....
Duration **7**

Due to **Paralysis Aqueous** **year**
Other conditions **arterio Sclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **1246**
PHYSICIAN
Underline the cause of 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?.....
(Specify type of place)
While at work?.....
(e) Means of injury.....
23. Signature **Wm B Jackson** (M. D. or R. N.)
Address **1107 Bryant B** Date signed **10/14**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **George H Crenshaw**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Oct- 27- 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **0**
If less than one day..... hr. min.

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

10. Usual occupation **at home**

11. Industry or business.....

12. Name **Ward C. Maggart**

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

14. Maiden name **Sarah E. Raabe**

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

16. (a) Informant **Mrs. Eva Collier**

(b) Address **2800 Charlotte**

17. (a) **Removal** (b) Date thereof **Sept 27 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmyra Mo.**

18. (a) Signature of funeral director **Mrs. C. R. Foster**

(b) Address **918 Broadway**

19. (a) **9-27-47** (b) **Stirling Holme**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1230 E 5 P
Bryant Bell

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn
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.