

No. 2
12-45
17-39
X47070

FILED SEP 16 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3773

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:
3608 Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL.") 8
(d) Street No. 3608 Windsor
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARMILDA CROBARGER

3. (b) If veteran, name war - no 3. (c) Social Security No. none

4. Sex fe / 1 5. Color or race white 6. (a) Single, widowed, married, divorced wid 2

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

7. Birth date of deceased June 22 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 2 12 11 hr. _____ min.

9. Birthplace Mt Sterling Ky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Alexander Anderson

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Gordon

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia Hubbard

(b) Address 3608 Windsor

17. (a) Burial (b) Date thereof 9-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Joint Mo

18. (a) Signature of funeral director C.E. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 9-4-47 (b) Theridine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1947 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from April, 1945, to Sept 3 - 1947
that I last saw him alive on Sept 3 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia Duration 5 days
Pulmonary Congestion
Cardiac Decompensation
Due to Valvular insufficiency 2 yrs
fracture R. femur 5 days
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1946
Of autopsy 1947

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) accident 123

(b) Date of occurrence Aug. 30, 1947

(c) Where did injury occur? R. C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) (e) Means of injury fall 2

23. Signature Earl Van Down (M. D. or other) Do
Address 100 1/2 S. Babler Date signed 9-4-47

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

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 Q. K. McFarland
Licensed Embalmer No. 4397
P. O. Address Kansas City 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.