

FILED DEC 29 1948  
Registration District No. **949**

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**  
(c) Name of hospital or institution:  
**5121 Wyandotte Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 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. **5121 Wyandotte Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** **MISS MARY E. CROWTHER**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)  
7. Birth date of deceased **April 27 1863**  
(Month) (Day) (Year)

**8. AGE:** Years **85** Months **7** Days **8** If less than one day hr. min.

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

**10. Usual occupation** **At Home**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
12. Name **William a. Crowther**  
13. Birthplace **England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dorcas Fish**  
15. Birthplace **New York, N.Y.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Miss Genevive Balcom**

(b) Address **5121 Wyandotte, Kansas City, Mo.**  
**Removal** (c) Date thereof **12-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waterloo, Iowa**

**18. (a) Signature of funeral director** **Freeman Mortuary**  
(b) Address **Kansas City, Missouri**

**19. (a) 12-6-48** (b) **Thereldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **December** day **5**  
year **1948** hour **7** minute **45 A.M.**  
**21. I hereby certify that I attended the deceased from**  
**Nov 10, 1948, to Dec 5, 1948**  
that I last saw her alive on **Nov 24, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Cerebral hemorrhage</b>	<b>1 day</b>
Due to <b>arterio sclerosis</b>	—
Due to _____	—
Other conditions <b>Cellulitis of abdominal wall. Ventral hernia</b> (Include pregnancy within 3 months of death)	—
Major findings: Of operations _____	<b>PHYSICIAN</b> Underline the cause to which death should be charged statistically.
Of autopsy _____	

**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? \_\_\_\_\_

**Robert Jansen** (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
**23. Signature** **Robert Jansen, M.D.** (M. D. or other) \_\_\_\_\_  
Address **2220 E. 31st St** Date signed **12-5-48**

*W. J. Jansen*  
*6144 Cherry*

---

---

**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 *Willis F. Bennett*

Licensed Embalmer No. *4438*

P. O. Address... *K.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.**