

FILED MAY 27 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15817**  
Registrar's No. **2048**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>50 Years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		<b>40th + Warwick</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sophian Plaza</b>			d. STREET ADDRESS (If rural, give location) <b>Sophian Plaza</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emily</b> b. (Middle) <b>Drakes</b> c. (Last) <b>Crawley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-9-49</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 3, 1868</b>	9. AGE (in years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>David Crawley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Drake</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth Crawley</b>		ADDRESS <b>4109 Brookridge Dr.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4207</b>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-1-49, 1949, to 5-9, 1949, that I last saw the deceased alive on 5-9, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>F. H. Hodgson M.D.</b> (Degree or title) <b>F. H. Hodgson M.D.</b>		23b. ADDRESS <b>4301 Main</b>		23c. DATE SIGNED <b>5-9-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>5-10-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>5-10-49</b>	REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frank Hodgson  
4301 - Main - Va. 3722  
1 - 24 5:00

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Rubur H Reed

Licensed Embalmer No. 2244

P. O. Address H. 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.