

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37465
4632

| | | | | | | | |
|---|-------------------------------|--|---|---|--------------------------------|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City | | c. LENGTH OF STAY (in this place) 10 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | d. STREET ADDRESS (If rural, give location) 1730 Campbell | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1730 Campbell | | | | d. STREET ADDRESS (If rural, give location) 1730 Campbell | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Evelyn Crowder b. (Middle) Rankins c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) October 28, 1949 | | | | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH December 25, 1911 | 9. AGE (In years last birthday) 37 | IF UNDER 1 YEAR Months Days | | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Oswego, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Robert Rankins | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 514-01-7824 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Rankins 2636 Montgall | | | |
| 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; asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Hypertension & Nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. " " " " DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from Oct. 22, 1949 , to Oct. 28, 1949 , that I last saw the deceased alive on Oct. 28, 1949 , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Bruce P. McDonald (Degree or title) MD | | | 23b. ADDRESS 2204 E. 18th-st. | | | 23c. DATE SIGNED 10-31-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/1/49 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG 10-31-49 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. 1729 Lydia | | | |

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *J. Jerome Marlowe*

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

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.