

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

369880

State File No.

Registrar's No. **4846**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 township) OR TOWN Kansas City,		c. LENGTH OF STAY (in this place) 40 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 3217 E. 8th St. K.C. Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) **Randall** b. (Middle) **Raymond** c. (Last) **Crawford**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 16, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 16, 1970** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months **6** Days **0** IF UNDER 24 HRS. Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired postal clerk U.S. Post Office** 10b. KIND OF BUSINESS OR INDUSTRY **Greencastle, Missouri** 11. BIRTHPLACE (State or foreign country) **U.S.A.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Allen Crawford** 13b. MOTHER'S MAIDEN NAME **Ann Thomas** 14. NAME OF HUSBAND OR WIFE **Carrie Crawford, K.C. Mo.**

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. **none** 17. INFORMANT'S SIGNATURE OR NAME **Carrie Crawford** ADDRESS **3217 E 8 St. K.C. Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma Bladder with Metastasis**

ANTECEDENT CAUSES (b) **Metastasis**

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.)

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Carcinoma Bladder** 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from November, 1949, to November 16, 1950, that I last saw the deceased alive on November 16, 1950, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE **Ira T. Smith MD** (Degree or title) 23b. ADDRESS **1019 Professional Bldg KC Mo** 23c. DATE SIGNED **11/17/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 18, 1950** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **11-18-50** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Clark Heger** ADDRESS **Raytown Mo**

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 3983

P. O. Address. Raytown, Missouri

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.