

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36983

State File No. 4571

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 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 Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7941 Park Ave | | d. STREET ADDRESS (If rural, give location) 7941 Park Ave | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Mrs Minnie | b. (Middle) Belle | c. (Last) Crossno | 4. DATE OF DEATH (Month) (Day) (Year) 10 - 29 - 1950 |
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|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|-------------------------|------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 22 1917 | 9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|-------------------------|------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress | 10b. KIND OF BUSINESS OR INDUSTRY Fred Harvey | 11. BIRTHPLACE (State or foreign country) Browning Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Chester Browning | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Thomas Crossno |
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| 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. 497-14-4397 | 17. INFORMANT'S SIGNATURE OR NAME Thomas Crossno | ADDRESS 7941 Park Ave |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound of head | | INTERVAL BETWEEN ONSET AND DEATH 29 10 / 19 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 173 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-29-50 6:35 m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Shot gun wounds |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Geo. C. Kealhofer <i>Geo C Kealhofer Dist Health Officer</i> | (Degree or title) Dist Health Officer | 23b. ADDRESS 4058 Broadway St Ex 10 | 23c. DATE SIGNED 10-30-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-1-1950 | 24c. NAME OF CEMETERY OR CREMATORY Green Lawn | 24d. LOCATION (City, town, or county) (State) Jackson County Missouri |
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| DATE REC'D BY LOCAL REG. 10-31-50 | REGISTRAR'S SIGNATURE <i>Heraldine Holmes</i> | 25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home | ADDRESS France-Wornall Funeral Home |
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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.....

Signed.....

Russell N. Franc

Signed.....

Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address. *KC 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.