

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

**17976**

State File No. ....

**FILED JUN 9 1953**

**2679**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2679

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3278</u> d. STREET ADDRESS (If rural, give location) <u>1019 E 14th Street</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Birdie</u> a. (First) b. (Middle) c. (Last) <u>Crump</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>5</u> <u>23</u> <u>1953</u>	

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Colored</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Mar.</u>	<b>8. DATE OF BIRTH</b> <u>1886-3-31</u>	<b>9. AGE</b> (In years last birthday) <u>67</u>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 11 HRS.</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>R.A. Long Bldg.</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Miss. 1</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>John Morris</u>	<b>13b. MOTHER'S MARDEN NAME</b> <u>Alabama</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Augustus Crump</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	<b>16. SOCIAL SECURITY NO.</b> <u>491-02-0123</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Augustus Crump K.C. Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Terminal Broncho pneumonia</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>42 min</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 5-14-53, 19  , to 5-23-53, 19  , that I last saw the deceased alive on 5-23-53, 19  , and that death occurred at 12:40 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>E. Frank Ellis MD</u>	<b>23b. ADDRESS</b> <u>600 East 22nd Street</u>	<b>23c. DATE SIGNED</b> <u>5-26-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>May 29 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lincoln Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-26-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Adkins Bros. F. Home K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADEING 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 *C. J. Kennell*

Licensed Embalmer No. *22197*

P. O. Address *N. C. M.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.