

FILED MAY 13 1946
199

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6232 WABASH AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 6 YEARS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. MAUDE ELEANORE CREWS

3. (b) If veteran, No
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. JAMES WILLIAM CREWS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 27 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 1 hr. min.

9. Birthplace GREEN COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name JOHN BARNES
13. Birthplace UNKNOWN
14. Maiden name JOEANN BOWMAN
15. Birthplace UNKNOWN

16. (a) Informant Sub to Bureau
(b) Address 6232 Wabash
17. (a) BURIAL (b) Date thereof MAY 1 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 4-30-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 6232 WABASH AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28TH
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr. 25, 1946, to Apr. 28, 1946
that I last saw her alive on Apr. 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Hemorrhage

Due to Hypertension - Atherosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Jones (M. D. or other)
Address 801 E. Baker Date signed 5/1/46

804
2-5
Jesse

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas CG, 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.