

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5571  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City, Mo. (d) Street No. Lakeside Hospital  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 770

## 2. PRINT FULL NAME

666 Mrs. Lula M. Crawford  
(a) Residence, No. 1352 Benton St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Crawford  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1889  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
49 8 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Booneville  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Lowrey  
14. BIRTHPLACE (CITY OR TOWN) Kansas  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Ellen  
16. BIRTHPLACE (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY)

17. INFORMANT Alfred Crawford  
(ADDRESS) 1352 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings Cemetery Mo. DATE 19

19. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Son  
(ADDRESS) 3811 Broadway

20. FILED 7 22 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 19 39

22. I HEREBY CERTIFY, That I attended deceased from 2-20 1939, to 2-21 1939  
I last saw her alive on 2-21 1939. Death is said to have occurred on the date stated above, at 4:06 PM

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 2-16-39

Other contributory causes of importance:

Name of operation none Date of 10/8  
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) E. A. Stevens M. D.  
(Address) 303 Altman Bldg

11 - Grandchildren

11-4

Dr. P. A. Delvinis  
27 Avenue B  
No 6915

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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, above space should be left blank.**