

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1939 JUN 15 1939

18848

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 554
City Kansas City, Mo. (No. Crisp Lake, Fairmont) St. _____ Ward _____

2. FULL NAME Virgil Ray Crosswell

(a) Residence No. 10203 E 9th St., St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/6/1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 8 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Mo.

13. NAME Morris E. Crosswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Blanche Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Blanche Hornberger
(ADDRESS) 10203 E 9th St., K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE 6/1/39 19. _____

19. UNDERTAKER Shell Funeral Home
(ADDRESS) 6606 Indap. Ave., K. C. Mo.

20. FILED 6-3-39 J. L. Locke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 5-29-39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance: _____

Death by Drowning
(Swimming - lake)
1800
11

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-29-39

Where did injury occur? Crisp Lake Fairmont Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Crisp Lake - Fairmont Mo.

Manner of injury Death by Drowning

Nature of injury Death by Drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. L. Locke Registrar, M. D.

