

1850 SEP 1 1939

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

29361

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Washington Primary Registration District No. 5558 Registered No.
 (c) City Kansas City, Mo. (d) Street No. 25 West 80th Terrace St.
 (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. ds.

2. PRINT FULL NAME

Miss Martha E. Crass
 (a) Residence, No. 25 West 80th Terrace St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 6
 OCCUPATION 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 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County / Tennessee

FATHER 13. NAME S. S. Crass
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Mary E. Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. J. N. Fullerton
25 West 80th Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Murray Ky DATE aug 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. V. Lindsey & Sons
3812 Broadway

20. FILED 1 19 39
Local Health Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 1939

I HEREBY CERTIFY, That I attended deceased from Aug 1 1939, to Aug 10 1939
 I last saw her alive on Aug 10 1939 Death is said to have occurred on the date stated above, at 4:55 PM
 The principal cause of death and stated causes of importance were as follows:

Carcinoma of Bladder Date of onset 38
bladder

Other contributory causes of importance:

Name of operation Clinical Date of 270
 What test confirmed diagnosis Clinical 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) S. W. D. M. D.
 (Address) 404 1/2 W 75 N, C.M.O

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.

404162 N. 75

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.

3738

P. O. Address

K.C. 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, above space should be left blank.