

S. No. 2  
-11-10-39  
-5-17-39  
-I X21492

SEP 5 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27476**  
**3109**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. \_\_\_\_\_

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:  
K.C. General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 35 Years.

3. (a) PRINT FULL NAME Elizabeth Crager **626**

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarence H. Crager. 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased March 4th, 1889.  
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Higginsville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas David Chaffee,  
18. Birthplace Illinois (City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Pool,  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Clarence H. Crager,  
(b) Address 2507 Lister, Av., K.C. Mo.

17. (a) Burial (b) Date thereof Aug. 5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah, K.C. Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster  
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Aug. 4, 1940 (b) M. M. Crowe  
(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. 2507 Lister Avenue  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st  
year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 30th, 1940 to July 31st 1940,  
that I last saw h. ar alive on July 31st, 1940, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation,  
probably coronary occlusion

Due to \_\_\_\_\_ **9502**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury 1

23. Signature Dwight R. Shaw (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K. Gen. Hospital Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

DATE OF DEATH  
PLACE HERE  
PLACE HERE  
PLACE HERE

PLACE HERE  
PLACE HERE

**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 *Renzil C. Browning*  
Licensed Embalmer No. *2724*  
P. O. Address *R. E. 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.**