S. No. 2
—4-13-40
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FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27514

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3147

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1100 Hickory 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State O Missouri (b) County Jackson
(c) City or town 4054 Oak
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME William D. Crosswhite 623
3. (b) If veteran, name war No
3. (c) Social Security No. 496-05-5921
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. Clora Crosswhite
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb. (Month) 19 (Day) 1868 (Year)

8. AGE: Years 71 | Months 5 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace - (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation Watchman
11. Industry or business Rust Sash & Door Co
MOTHER FATHER
12. Name Alexander Crosswhite
13. Birthplace Tennessee (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Lucy Wrightnow
15. Birthplace Don't Kno (City, town, or county) Missouri O (State or foreign country)
16. (a) Informant Carleton L. Crosswhite
(b) Address 2219 E. 67th Terrace
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/7/40 (Month) (Day) (Year)
(c) Place: burial or cremation Ford City, Mo.
18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) Aug. 7, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1940 hour 8 minute 50 P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death — Duration
Retroperitoneal (pelvic) hemorrhage
Due to
Fracture of the pelvis
Due to
Fracture (intertrochanteric) rt. femur
Other conditions (include pregnancy within 3 months of death)
Injury by fall 1860
Major findings:
Of operations 2.8
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8-5-40 @ 7:00 P.M.
(c) Where did injury occur? K.C. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, in farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 5
23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.