

Registration District No. 399

Primary Registration District No. 1002

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:
Kansas City Industrial - 920 Newton 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 min.
(Specify whether
In this community 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Grain Valley, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Evelta Jane Crawford 616

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Fem. 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased 6 10 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 2 13 hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name Benjemen Crawford
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hill
15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Benjemen C. Crawford

(b) Address Grain Valley, Mo.

17. (a) burial (b) Date thereof 8/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grain Valley, Mo.

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Indep Ave. K. C. Mo.

19. (a) Aug. 24, 1940 (b) M. M. Cresue
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

the death occurred on the date and hour stated above.

Immediate cause of death Captured liver spleen both kidneys fractured humerus 8/20/40 12 ribs & alveoli of contr. lung Duration

Due Automobile Traumatism

Due to 210 Ave. 1

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 8-23-40

(c) Where did injury occur? K.C. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
non copious (in public place)

While at work _____ (Specify type of place)

23. Signature W. L. Moore (M. D. or other) _____
Address W. L. Moore Date signed _____

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

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: