

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9613

State File No. 1022

Registration District No. 599

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:  
Mary Hosp. D  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandott

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1728 S. 22nd KCC  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME GLEN EVERETT CROWDER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11  
year 41 hour 3:05 Minute A M.

21. I hereby certify that I attended the deceased from 3/11 to 3/11, 1941;  
that I last saw him alive on 3/11, 1941;  
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if — years

7. Birth date of deceased July 8<sup>th</sup> 1927  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>8</u>	<u>3</u>	<u>—</u> hr. <u>—</u> min.

Immediate cause of death Mesenteric adenitis

Due to —

Due to —

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

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

10. Usual occupation School child

11. Industry or business —

12. Name W. J. Crowder

13. Birthplace Earham, Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Liberty Black

15. Birthplace Liberty Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Crowder

(b) Address 1728 S 22nd - KCC

17. (a) Burial (b) Date thereof 3/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director M. M. Crowder

(b) Address KCC

19. (a) 3/12/41 (b) M. M. Crowder  
(Date received local registrar) (Registrar's signature)

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) —

(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 (c) Means of injury —

23. Signature — 3 (M. D. or J.D.)  
Address — Date signed —

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

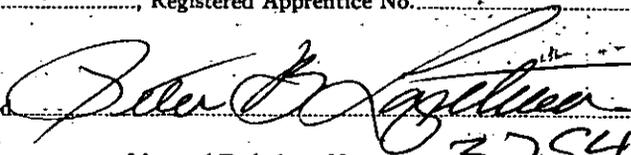
599

**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. 3754

P. O. Address KE 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, fact should be so stated above.**