

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13492

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1473

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph's
(d) Length of stay: In hospital or institution 2 Days
In this community 11 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3525 Harrison
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ephriam P. Crispin
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14
year 1941 hour 12 minute 15 A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife Katharine
(c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. 14, 1869

21. I hereby certify that I attended the deceased from April 12, 1941
to April 13, 1941
that I last saw him alive on April 13, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 4 Days 0
If less than one day hr. min.

Immediate cause of death: Pulmonary Oedema
Due to Brain Abscess 925
Due to Chronic Myocarditis

9. Birthplace De Witt, Mo.
10. Usual occupation Retired Grain Dealer

Other conditions: 93A
Major findings: none
Of operations: none
Of autopsy: none

11. Industry or business
12. Name Ephriam P. Crispin
13. Birthplace Virginia
14. Maiden name Caroline E. White
15. Birthplace Galesburg, Illinois

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(c) Where did injury occur? none
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

16. (a) Informant Mrs. Katharine Crispin
(b) Address 3525 Harrison
17. (a) Burial (b) Date thereof April, 15
(c) Place: burial or cremation De Witt, Mo.

23. Signature: Eldred Ellsleh (M. D. or other)
Address: 706 Prof Bldg Keweo Date: April 14, 1941

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address 2825 Indep. Blvd. K. C. Mo.
19. (a) Date received local registrar Apr 14, 1941 (b) Registrar's signature M. M. Crown

Edwin Welch
4 Jan

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 *Edwin Welch*

Licensed Embalmer No. *2244*

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.