

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Independence Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community 17 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 543 Brookside Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Cloney Shirk Crawford, Sr

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Vern Crawford 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 14 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 21 hr. min.

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Owner and Operator

11. Industry or business Lunch Room & Tavern

12. Name Unknown Crawford

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. C.S. Crawford

(b) Address 9154 W. Union

17. (a) Burial (b) Date thereof June 6, 1941
(Burial, cremation, or removal) (City, town, or county) (State or foreign country)

(c) Place: burial or cremation St. Washington Cemetery Kansas City, Missouri

18. (a) Signature of funeral director W. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd. 360

19. (a) June 5 41 (b) W. L. Cook m. S.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1941 hour 8 minute A. M.

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

that I last saw him alive on _____ 19____
and that he died on the date and hour stated above.

Immediate cause of death Crushing Injury of Chest from Fall

Due to Auto Trauma

Due to Injury

Other conditions 1790
(Include pregnancy within 3 months of death)

Major findings: Of operations 1790

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5-27-41

(c) Where did injury occur? Jackson
(City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place?
Home 120

While at work? _____ (Specify type of place)
(e) Means of injury Fall

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
44

DEC 17 1943

APR 8 1943

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.....

Ernie M. Colburn

Licensed Embalmer No.....

3506

P. O. Address.....

K C 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.