

STANDARD CERTIFICATE OF DEATH

State File No.

20653  
2183

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 7 1941 399

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:  
3215 Forest Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. -----  
(Specify whether  
In this community 14 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3215 Forest Avenue-2nd Floor  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th  
year 1941 hour 1 minutes 15 P. M.  
21. I hereby certify that I attended the deceased from Dec. 1 1940  
to June 5 1941  
that I last saw him alive on May 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Mitral Insufficiency  
with severe anemia and  
nephritis, Chronic

Due to 12/13

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

While at work? 361 Means of injury W.D.

23. Signature E. Burkhardt (M. D. or other) W.D.  
Address 3346 Summit Date signed 6/5/41

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mr. William Beryl Crum

3. (b) If veteran, name war No 3. (c) Social Security No. 506-12-7462

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

6. (b) Name of husband or wife Mrs. Edna Virginia Crum 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: February 22 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62' 3 13 hr. min.

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

10. Usual occupation Piano Turner

11. Industry or business ----- Own Business

12. Name Andrew Crum

13. Birthplace Ohio  
(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. Edna Virginia Crum

(b) Address 3215 Forest Avenue

17. (a) Cremation (b) Date thereof June 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) June 6, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

35  
OS 76  
K.C. Mo.

**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 Emile W. Colborn

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.**