

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(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: **Trinity Lutheran Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether)

In this community **Since 1906**  
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Della S. Crithfield**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Jesse V. Crithfield** 6. (c) Age of husband or wife if alive **1375** years

7. Birth date of deceased **Dec. 25, 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>66</b>	<b>1</b>	<b>17</b>	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **William Thompson**

13. Birthplace **unk** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Leota Culbertson**

15. Birthplace **unk** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lela Wilkerson**

(b) Address **4606 Wyoming**

17. (a) **Burial** (b) Date thereof **2/16/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (c) Signature of funeral director **R. V. Lindsey & Sons**

(b) Address **3811 Broadway**

19. (a) **2/13/42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **3**

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

(d) Street No. **4606 Wyoming**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **12**  
year **1942** hour **5** minute **00** P.M.

21. I hereby certify that I attended the deceased from **1936** to **Feb. 12**, 19**42**, that I last saw her alive on **Feb. 12**, 19**42**, and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure**

Due to **Intestinal carcinoma** **6:40 PM**  
**Generalized peritonitis** **1:40 PM**

Due to **468**

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: **Colon about - Rect? intestines matted together**

Of autopsy **metastases in liver + abdominal wall Peritonitis**

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? (Specify type of place) (e) Means of injury

23. Signature **James A. Ferguson** (M. D. or other) **M. D.**  
Address **Professional Bldg** Date signed **2/12/42**

*Plummer*

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**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:

*Leon H. Stewart*

Licensed Embalmer No. *4177*

P. O. Address. *Kansas City, 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.**