

S. No. 2
A-9.4-41
v. 5-17-39
X29484

16912

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 6 1942
379

Registration District No. Primary Registration District No. 1002 Registrar's No. 2038

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

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:
4130 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... 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. 4130 Troost (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME William M Crouse

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

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

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

7. Birth date of deceased About 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 68 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day May year 1942 hour 7:10 minute P M.

21. I hereby certify that I attended the deceased from..... to....., 19..... that I last saw him..... alive on..... and that he died on the date and hour stated above. Immediate cause of death.....

9. Birthplace No Record (City, town, or county) (State or foreign country) 9

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name No record

{ 13. Birthplace No record (City, town, or county) (State or foreign country) 9

{ 14. Maiden name No record

{ 15. Birthplace No record (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Hets Bivens
(b) Address 4130 Troost

17. (a) Removal (b) Date thereof May 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation People's Hill Cem

18. (a) Signature of funeral director James H. Baker
(b) Address 20 W. Linwood

19. (a) 5-25-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Due to Chronic Myocarditis

Due to..... 93 D

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

Major findings:
Of operations.....
Of autopsy Aspiration

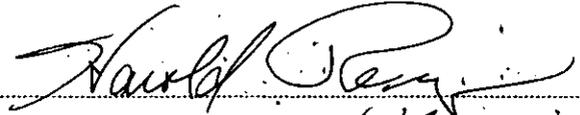
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur..... (City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place?
While at work..... (Specify type of place) (Specify type of means of injury)

23. Signature W. M. Crouse (M. D. or other) 0
Address 15 C. Ave Date signed.....

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. 4047

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.