

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.E.  
(c) Name of hospital or institution: 1904 Main 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town K.E.  
(d) Street No. 1904 Main  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

George B Critt

(b) If veteran, name war NO (c) Social Security No. 709-18-5721

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Single  
(b) Name of husband or wife (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Dec. 13, 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Columbia MO (City, town, or county) (State or foreign country)

10. Usual occupation Draftsman

11. Industry or business Santa Fe R.R.

MOTHER FATHER { 12. Name unknown 9  
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. R. P. Mitchell (b) Address Columbia MO

17. (a) Burial (Removal, cremation, or removal) (b) Date thereof 11-21-42 (Month) (Day) (Year)  
(c) Place of burial or cremation Columbia, MO

18. (a) Signature of funeral director H. J. ... (b) Address K.E. MO

19. (a) Date received local registrar 11/20/42 (b) M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-19-42 Day 19 Year 1942 hour 5 P.M. minute

21. I hereby certify that I attended the deceased from 19... that I last saw h... alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration

Due to 940

Other conditions Deputy Coroner (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy All above

PHYSICIAN Underline the cause to which death should be charged statistically.

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?

23. Signature A. G. Upsher M.D. (M. D. or other) Address 2312 Mc Coy Date signed 11/20/42

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

C

FEB 1 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.....

*Francis Walter*

Registered Apprentice No. 2744

working under my personal supervision.

Signed.....

*J. H. [Signature]*

Licensed Embalmer No. 2744

P. O. Address. 140 Eup

**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.**