

FILED DEC 7 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4262

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Lukes Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One Month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Wyoming (b) County Goshen
 (c) City or town Torrington
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? -- (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Ida Emma Crowe
 3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1 M
 6. (b) Name of husband or wife Rodney R. Crowe 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased November 4, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>9</u>	hr. _____ min.

9. Birthplace near Tarrytown, N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER {
 12. Name John Van Wort
 13. Birthplace N.Y.
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O.P. Smith
 (b) Address Horton, Mo

17. (a) Burial (b) Date thereof 11-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Balltown Cem. Horton

18. (a) Signature of funeral director South Main Mortuary
 (b) Address Richfield, Mo.

19. (a) 11-16-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV day 13
 year 1942 hour 12:25 minute a M.

21. I hereby certify that I attended the deceased from Oct 15, 1942 to Nov 13, 1942
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Senility
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

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

23. Signature George C. Lee (M. D. or other) _____
 Address 1630 Prof. Bldg Date signed 11/14/42

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.....

P. O. Address.....

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.