

S. No. 2  
M-5-42  
7-5-17-39  
P1 X32875

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5102**  
Registrar's No. **754**

LEG FEB 27 1943

Registration District No. **149**

Primary Registration District No. **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:  
**582 Troost**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **36 years** (Specify whether years, months or days)  
In this community **36 years**

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. **582 Troost**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Riley Crowley**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **Unknown**

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

6. (b) Name of husband or wife **Elizabeth Crowley** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **April 11, 1870**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **21** If less than one day hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **Jack Crowley**

12. Name **Jack Crowley** 13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Celia** 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wilma Blewett**  
(b) Address **582 Troost**

17. (a) **burial** (b) Date thereof **2/15/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Hatkins Bros**  
(b) Address **1729 Lydia**

19. (a) **2-13-43** (b) **M. M. Browne**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **2** P. M.  
year **1943** hour **5:50** minute **107**

21. I hereby certify that I attended the deceased from **Deputy Coroner**, 19...  
that I last saw him **alive** on 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration

Due to **107**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **History - Inspection** PHYSICIAN

Of autopsy **History - Inspection** 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 **F. Richardson** (M. D. or other) Address **7832 Vine** Date signed **2-4-43**

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

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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.....

*Dr. Jerome J. Malone*

Licensed Embalmer No. *3997*

P. O. Address. *2523 Highland*

**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.**