. No. 2
M—2-43
5-17-39
1 X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13109

State File No.

FILED MAY 6 1943

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 1992

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: R.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Non Resident 1 day

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Kansas (b) County: Neosho 14

(c) City or town: Chanute (If outside city or town limits, write "RURAL") 0

(d) Street No.: 505 South Lafayette
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME: Kate Crawford

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Sgl

6. (b) Name of husband or wife: XX

6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: January (Month) 12 (Day) 1867 (Year)

8. AGE: Years 76 Months 3 Days ~~26~~ 15 If less than one day hr. min.

9. Birthplace: Lincoln (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Retired Employee

11. Industry or business: Niles & Moser Cigar Co.

FATHER
12. Name: Lot Hull Crawford
13. Birthplace: Marietta (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Ann Ada Wills
15. Birthplace: Pittsfield (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Mrs. George Barcus
(b) Address: Chanute, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Parsons, Kansas

18. (a) Signature of funeral director: J. M. Wagner
(b) Address: Kansas City, Mo.

19. (a) 4-28-43 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1943 hour 1 minute 55 A.M. P.M.

21. I hereby certify that I attended the deceased from 4-26-43, 19..., to 4-27-43, 19...; that I last saw her alive on 4-27-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
GANGRENE OF THE LUNG	
Due to 114c	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
See 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Dwey R. Thom (M. D. or other)
Address: Med. Dir. K. C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 A. R. Hannschild

Licensed Embalmer No. 4159

P. O. Address Kansas City M

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.