S. No. 2
M—2-43
5-17-39
1 X35697

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

13110

State File No.

FILED MAY 6 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2012

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

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED: 48 3 8

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 5023 E. 7th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katie Crawford

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Femal

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Richard Crawford

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

7. Birth date of deceased July (Month) 10 (Day) 1872 (Year)

8. AGE: Years 70 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Buckner (City, town, or county) mo (State or foreign country)

10. Usual occupation at Home

11. Industry or business

MOTHER FATHER

12. Name Francis M. Hamway

13. Birthplace (City, town, or county) Ohio (State or foreign country)

14. Maiden name Rebecca White

15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs Alice O Connell

(b) Address Nevada mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr 29 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Buckner mo

18. (a) Signature of funeral director Mrs C L Foster

(b) Address 918 Broadway

19. (a) 4-29-43 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1943 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from 4-14-43, 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.

	Duration
Immediate cause of death: Chronic hypertensive heart disease	
Due to: 93.8	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:

Of autopsy: None

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? Means of injury

23. Signature Amy 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. Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address. Pr. C. Pro

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.