

FILED APR 7 1944/9
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1491

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

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: 318 South Elmwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
In this community 40 years, (Specify whether years, months or days)

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. 318 South Elmwood
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Gertrude Crawford Snow

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October 24 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name William C. Crawford

{ 13. Birthplace unknown

{ 14. Maiden name Mary Alice Nance

{ 15. Birthplace unknown

16. (a) Informant Mrs. Clyde Runyan

(b) Address Coffeyville, Kansas

17. (a) Burial (b) Date thereof 4-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Morish

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gilliam Plaza, K. C., Mo.

19. (a) 3-29-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1944 hour 5:03 minute a. M.

21. I hereby certify that I attended the deceased from March 23, 1944 to March 29, 1944;
that I last saw her alive on March 28, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 7 days

Due to hypertension ?

Due to arteriosclerosis ?

Other conditions X
(Include pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy X

830

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) X

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X

While at work? X (Specify type of place) (e) Means of injury X

23. Signature Sydney J. Johnson D.O.
(M. D. or other)
Address 1625 W. 9th, K.C., Mo. Date signed 3-29-44

Dr. Sid Johnson

955-1623 W9 TX

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

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address *K. C. Mo*

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.