

FILED JUN 22 1944

Registration District No. 179

Primary Registration District No. 1002

Registrar's No.

2407

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: St. Luke's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week (Specify whether 0)
 In this community 8 weeks
 years, months or days

3. (a) PRINT FULL NAME Mrs. Phoebe Alice Crissman

3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Isaac Crissman
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 9th 1871
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>73</u> | <u>4</u> | <u>27</u> | hr. min. |

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

10. Usual occupation At home

11. Industry or business

12. Name Bernard Vensel

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

14. Maiden name Susanna Snyder

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

16. (a) Informant Mrs. Anthony Fennell

(b) Address 5945 Paseo

17. (a) Removal (b) Date thereof 6-6-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adrian, Pennsylvania

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd St., K.C., Mo.

19. (a) 6-6-44 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 5945 Paseo
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
 year 1944 hour 8:40 A.M. minute M.

21. I hereby certify that I attended the deceased from May 15th, 1944, to June 6th, 1944;
 that I last saw her alive on June 6th, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of pancreas
Terminal bronchopneumonia
~~Acute vegetative endocarditis~~
Multiple infarcts of spleen

Due to

Other conditions
 (Include pregnancy within 3 months of death) 46 g

Major findings:
 Of operations

Of autopsy as 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 Eugene O. Parson (M. D. or other)
 Address Plaza Medical Bldg Date signed 6-6-44

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

Walter H. Erwin

Licensed Embalmer No. *4352*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

☐ If this body is not embalmed, fact should be so stated above.