

FILED AUG 2 1944
 749

Primary Registration District No. 1002

State File No. _____

Registrar's No. 3012

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:
3218 Central Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community 20 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 3218 Central Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. ANN ELIZA CRUME
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 21st
 year 1944 hour _____ minute _____ M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Ralph C. Crume 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 17th 1849
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 13, 1944, to July 21, 1944
 that I last saw her alive on July 20, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Septicemia from lobar pneumonia
 Duration 3 days

Due to Cerebral hemorrhage 7 days

9. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 10. Usual occupation At home

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

11. Industry or business _____
 12. Name Joseph Smith
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dennis I. Crume
 (b) Address Willard, Missouri
 17. (a) Burial (b) Date thereof 7-22-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery
 18. (a) Signature of funeral director Freeman Mortuary
 (b) Address 104 West 42nd Street, K.C., Mo.
 19. (a) 7-21-44 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
 Address 226 W. 10th St. P.O. Date signed July 21 44

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

Mr Sherman B. Hubbard
Rathrop Bldg

10:30 - 11:45

1:30 - 4:30

V. 0917

JAN 18 1956

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.....

Licensed Embalmer No.....

P. O. Address.....

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.