S. No. 2
0M—2-43
v. 5-17-39
I 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

FILED DEC 21 1945

State File No. 40054

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5001

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: McTB Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether, years, months or days)

In this community 4 years.

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")

(d) Street No. 1723 Woodland 8
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME INEZ CRAWFORD

3. (b) If veteran, name war no

3. (c) Social Security No. 424249796

4. Sex F 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced ~~Separated~~

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

6. (c) Age of husband or wife if alive About 40 years

7. Birth date of deceased Feb. (Month) 8 (Day) 15 (Year)

8. AGE:

Years	Months	Days	If less than one day
30	9	22	hr. min.

9. Birthplace Fayette Ala. (City, town, or county) / (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Horace Wilson
13. Birthplace Tuscaloosa Ala. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Stella Prewett
15. Birthplace Alabama (City, town, or county) / (State or foreign country)

16. (a) Informant Lela Caine

(b) Address 2110 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/45 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine K.C. Mo

19. (a) 12-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30 year 45 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 11-6, 1945 to 11-30, 1945 that I last saw her alive on 11-30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tbc c̄ Cavitation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 13 N

Major findings:
Of operations

Of autopsy

Duration

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) None

(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 D. L. Coffman (M. D. or other)

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 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. E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine 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.