

FILED FEB 28 1946

Registration District No. 720

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
322 N Spring  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 years  
(Specify whether years, months or days)  
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
322 N. Spring  
(d) Street No. 322 N. Spring  
(If rural, give location)  
(e) Citizen of foreign country? no  
If yes, name country

3. (a) PRINT D. WALLACE CRAWFORD  
FULL NAME

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

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, or widowed, married  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased August 16 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 6  
If less than one day hr. min.

9. Birthplace Scotland County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business Occidental Insurance Co

12. Name James H. Crawford

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

14. Maiden name Alta June Right  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Sara Crawford

(b) Address 322 N. Spring

17. (a) Removal (b) Date thereof 1-23-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Mo.

18. (a) Signature of funeral director Geo. C. Carson  
Independence Missouri

(b) Address

19. (a) 1-23-46 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 22  
year 1946 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 8, 1945 to Jan. 20, 1946  
that I last saw him alive on Jan. 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate  
Duration 1 1/2

Due to X

Due to X

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X 5/2

Of autopsy X

22. If death was due to external cause, 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: Charles Gratske (M. D. or other)

Address: Independence, Mo. Date signed: 1/20/46

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

18  
4  
4

4964

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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 *George O. Carson*  
Licensed Embalmer No. *2249*  
P. O. Address *Independence, 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.**