

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30208**
Registrar's No. **3833**

FILED SEP 25 1946
Registration District No. **149**

Primary Registration District No. **1002**

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: St. Mary's Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 hours
 In this community 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Johnson 999
 (c) City or town Merriam 14
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5434 Homewood Road 3
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country.

3. (a) PRINT FULL NAME MRS. MARY A. CRUM
 3. (b) If veteran, name war XX
 3. (c) Social Security No. none

4. Sex Fe / 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frank H. Crum
 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased October 28 1902
 (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 11
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business No Record

MOTHER FATHER { 12. Name " " 6

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

14. Maiden name " " 7

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

16. (a) Informant Frank H. Crum
 (b) Address 5434 Homewood Road

17. (a) Burial (b) Date thereof 9-12-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Hill, KCA

18. (a) Signature of funeral director J.W. Wagner
 (b) Address Kansas City, Mo.

19. (a) 9-9-46 (b) Geraldine Holme
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th
 year 1946 hour 3: minute 20 A. M.
 21. I hereby certify that I attended the deceased from July 10 1946
 1946 to Sept 7 1946
 that I last saw her alive on Sept 7
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration 4 yrs.
 Due to Arteriosclerosis
closure of l. coronary artery
 Due to

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings: Of operations
 Of autopsy Same 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? -

While at work? (Specify type of place) (e) Means of injury -
 23. Signature J.W. Wagner (M. D. or other) MD
 Address Merriam, Mo. Date signed 9/9/46

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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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City, 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.