

Primary Registration District No. 1002

**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:  
Santa Fe Chief, Union Station 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community non resident years, months or days

**3. (a) PRINT FULL NAME** Larry Crane  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: August 2 1946  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
- 3 6 hr. min.

9. Birthplace Syracuse New York  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
12. Name William Crane  
13. Birthplace New York City New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Sylvia Leventhal  
15. Birthplace Syracuse New York  
(City, town, or county) (State or foreign country)

16. (a) Informant William Crane

(b) Address 4037 Honycutt St., San Diego, Calif

17. (a) Removal (b) Date thereof 11-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Diego, California

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave., K. C., Mo.

19. (a) 11-9-46 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State California (b) County San Diego 999  
(c) City or town San Diego (If outside city or town limits, write "RURAL") 4  
(d) Street No. 4037 Honycutt St. (If rural, give location) 0 2  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 8  
year 1946 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19;  
19 that I last saw him alive on 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Patent Foramen Ovale Duration \_\_\_\_\_

Due to Congenital

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 157

Of autopsy yes 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) (d) Means of injury \_\_\_\_\_

23. Signature Jamell H. H. H. (M. D. or other) 3

Address 1424 1/2 1st St Date signed 11-9-46

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

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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.....

*B. A. Ryan*

Licensed Embalmer No. *3979*

P. O. Address. *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.**