

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE -
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13747

State File No. _____

FILED APR 30 1947

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 122

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:
INDEPENDENCE SANITARIUM & HOSPITAL 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **23 DAYS**
(Specify whether
 In this community **45 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **JACKSON** 48
 (c) City or town **INDEPENDENCE** 4
(If outside city or town limits, write "RURAL")
 (d) Street No. **817 S. CRYSLER** 4
(If rural, give location)
 (e) Citizen of foreign country? **NO** 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JACOB J. CRILEY**
 (b) If veteran, name war **NO.**
 (c) Social Security No. **702-12-0522**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **4** day **19**
 year **1947** hour **1** minute **30** P. M.

4. Sex **MALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **HATTIE**
 6. (c) Age of husband or wife if alive **63** years
 7. Birth date of deceased **9** **5** **1861**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10/9**, 19**46**, to **4/19**, 19**47**
 that I last saw him alive on **4/19**, 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral arteriosclerosis** 4 weeks
 Duration

8. AGE: Years **85** Months **7** Days **14**
 If less than one day
 hr. min.

Due to _____
 Due to _____

9. Birthplace **BUTLER** **PENN.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **RETIRED**

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business **K. C. SOUTHERN R. R. CO.**

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

12. Name **JOSEPH CRILEY** 4

13. Birthplace **NO RECORD** **GERMANY** 4
(City, town, or county) (State or foreign country)

14. Maiden name **KATHARINE LOUVRE**

15. Birthplace **NO RECORD** **FRANCE** 5
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. HATTIE CRILEY**

(b) Address **817 S. CRYSLER.**

17. (a) **BURIAL** (b) Date thereof **4-22-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOUND GROVE**

18. (a) Signature of funeral director **[Signature]**

(b) Address **815 W. MAPLE AVE.**

19. (a) **4-21-47** (b) **[Signature]**
(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? _____

While at work? _____ (Specify type of place) Means of injury **0**

23. Signature **Vance E. Link, M.D.** (M. D. or other) _____
 Address **129 W. Lexington St.** Date signed **4/21/47**

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

MAY 1 1947

MAY 1

1947

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 Henry W. Stahl

Licensed Embalmer No. 3181

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.