No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24137
3228

Registrar's No.

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: 2307 East 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 46 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2307 East 12th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: May Fisher Crittenden
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unk.
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hilbert Crittenden
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: November 9, 1900 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	8	20	hr. min.

9. Birthplace: Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
FATHER
12. Name: Benny Washington
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Savanah Lier
15. Birthplace: Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant: Hilbert Crittenden
(b) Address: 2307 East 12th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Wachlin Bros
(b) Address: 729 Prospect Ave
19. (a) 8-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 29th year: 1947 hour: 1 minute: 10 A.M.
21. I hereby certify that I attended the deceased from April 23rd 1947 to July 29 1947 that I last saw her alive on July 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia	Duration
Chronic nephritis	
Due to: Hypertensive Heart Disease.	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury:
23. Signature: George W. Waft (M. D. or other) M.D.
Address: 2123 E. 15th St. Date signed: 7/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.