

FILED NOV 8 1947 **149**

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **4576**

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 **Major Clinic**
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **5 Days**
(Specify whether years, months or days)

In this community **5 Days**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Hardin**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Lillian Crowley**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31st**
year **1947** hour **11** minute **50** **P.** M.

21. I hereby certify that I attended the deceased from **Oct. 26th** 1947, to **Oct. 31st** 1947, that I last saw her alive on **Oct. 31st** 1947, and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Thomas Crowley** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 16 - 1875**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Thrombosis with Coronary Occlusion** **Sudden**

Due to _____

Due to **Cerebral arteriosclerosis** **probably secondary**

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **71** Months **10** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **Hardin Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At Home**

12. Name **John Campbell**

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

14. Maiden name **Margaret Russell**

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

16. (a) Informant **Mrs. Gertrude Stetson**

(b) Address **Bacon Mo.**

17. (a) **Buried** (b) Date thereof **11-2-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawson Mo**

18. (a) Signature of funeral director **MELLODY-MCGILLEY-EYLAR**

(b) Address **1800 Linwood R.C. Mo.**

19. (a) **11-1-47** (b) **Alredine Holmes**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **9/12**

Of autopsy _____

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) _____
_____ (c) Means of injury **0**

23. Signature **Herman S. Mapes** (M. D. or other) _____
Address **31006 Euclid Ave** Date signed **12/1/47**

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

MOTHER FATHER

Hardin Mo
under Knipe Child

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

Glenn E. Heck

Licensed Embalmer No.

4063

P. O. Address

W. C. Geo.

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.