

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3 <u>Y</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None 2718 Troost.</u>				d. STREET ADDRESS (If rural, give location) <u>2718 Troost</u>					
3. NAME OF DECEASED (Type or Print) <u>Raymond</u>			a. (First)		b. (Middle)		c. (Last) <u>Crawford</u>		
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>8</u>		(Year) <u>1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 20, 1902</u>		9. AGE (In years last birthday) <u>46</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>line man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Power & Light</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Edward H. Crawford</u>			13b. MOTHER'S MAIDEN NAME <u>Allen Bell Allen</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Pauline M. Crawford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-07-3406</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline M. Crawford</u> ADDRESS <u>2718 Troost</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>				DUE TO (b) <u>Skull Fracture</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Injury By Fall - 8 E. 900 20</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, hotel, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 8 49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Injury By Fall 123</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. E. Warner</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2800 Main</u>		23c. DATE SIGNED <u>1/10/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-10-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u>		ADDRESS <u>3235 GILLHAM PLAZA</u>			

APR 13 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address NC 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.