

REC'D DEC 21 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39744  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Macon 2 Registration District No. 533  
 (b) Township Round Grove 1 Primary Registration District No. 5721 Registered No. 72  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 650 Mary S Crane  
 2. PRINT FULL NAME \_\_\_\_\_  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Crane  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12-1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 6 27  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-keeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 13. NAME Ephraim Hattenstein  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 15. MAIDEN NAME Catherine Gagner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
 17. INFORMANT R J Cason (ADDRESS) Macon mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE Nov 11 1938  
 19. FUNERAL DIRECTOR Albert Skinner (ADDRESS) Macon mo  
 20. FILED 11/29 1938 Leola Ventrow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1936, 19\_\_\_\_, to Nov 9 1938, 19\_\_\_\_  
 I last saw him alive on Nov 9 1938 Death is said to have occurred on the date stated above, at 6 P m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
Parkinsons Disease  
 1934  
 Other contributory causes of importance:  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
 Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) D. L. Hallan M. D.  
Clarence mo (Address) 47 1/2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-692

Date Filed 12-14-37

STATEMENT BY LICENSED EMBALMER

I, Russell Barber, Licensed Embalmer No. 9848

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

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.)