

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

3026  
 Do not use this space.

REC'D FEB 24 1939

**1. PLACE OF DEATH**

(a) County Marion Registration District No. 547  
 (b) Township Masson Primary Registration District No. 3029 Registered No. 12  
 (c) City Nannibal (d) Street No. 502 South Seventh St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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.

**2. PRINT FULL NAME**

650 No Name - Infant son of Grover and Argola Maddox Crane  
 (a) Residence, No. 502 South Seventh St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —  
 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 —

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1, 1939  
 22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Syphilitic Still Born Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy  No

12. BIRTHPLACE (CITY OR TOWN) Nannibal  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Grover Crane  
 14. BIRTHPLACE (CITY OR TOWN) Calmar  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Argola Maddox  
 16. BIRTHPLACE (CITY OR TOWN) Marion County  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Bertha Murray  
 (ADDRESS) Nannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem Jan. 3- 1939

19. FUNERAL DIRECTOR Ray P. Schwartz  
 (ADDRESS) Nannibal Missouri

20. FILED Jan 6 1939 W.C. Fisher Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) H.A. Daniel, M. D.  
 (Address) 227 a Broadway

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.

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I-X12004

STATEMENT BY LICENSED EMBALMER

I, Roy P. Schwartz, Licensed Embalmer No. 1765  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Roy P  
Schwartz L. E.  
No. 1765 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Roy P. Schwartz  
Licensed Embalmer No. 1765

**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.)**