

REC'D APR 21 1939

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

12562

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 842
(b) Township Pierce Primary Registration District No. 6704
(c) City Crane (d) Street No. _____
(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

135 Boomip Norton
(a) Residence, No. Crane mo 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) mo.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Essay Norton
(ADDRESS) Crane mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE 2/28 1939

19. FUNERAL DIRECTOR (NAME) Lane & Mansour
(ADDRESS) Crane mo

20. FILED 3-25 1939 Mrs Ethel Duggitt
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 - 1937, to Feb. 27 - 1939
I last saw him alive on Feb. 15 - 1939. Death is said to have occurred on the date stated above, at 7-30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 1937

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify _____

(Signed) H. D. Kerr, M. D.

(Address) Crane mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-718

Date Filed APR 4 1939

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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.