

SEP 6 1939

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

28374  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 3376  
 (c) City Kansas City (d) Street No. 3433 Central 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 Mrs. Caroline Crane

(a) Residence, No. 3433 Central 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Crane  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24 1881  
 7. AGE YEARS 58 MONTHS 7 DAYS 2 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 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) Chicago, (STATE OR COUNTRY) Illinois

FATHER 13. NAME Ravenot 1

14. BIRTHPLACE (CITY OR TOWN) France 7

MOTHER 15. MAIDEN NAME Caroline 7

16. BIRTHPLACE (CITY OR TOWN) France

17. INFORMANT Edward Carne (ADDRESS) 3433 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 8/29/39 19

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN CO. (ADDRESS) Kansas City, Mo.

20. FILED 8/28 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-39 19

22. I HEREBY CERTIFY That I attended deceased from Caroline to 9:00 P.M., 19

I last saw him alive on 9:00 P.M. Death is said to have occurred on the date stated above, at 9:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary sclerosis  
Chronic myocardial infarction  
Acute pulmonary edema  
 Other contributory causes of importance

Name of operation Date of operation  
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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) Victor H. Hunter, M. D.  
 (Address) K.C. Mo

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.

**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.....

*Maurice M. Quirk*

Licensed Embalmer No. 3226

P. O. Address K. C. 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, above space should be left blank.**