

OCT 18 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33317

Registration District No. 839

Primary Registration District No. 6101

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Gray Ridge  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Thomas S. M. Cranch

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 25 - 1859  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>7</u>	<u>19</u>	hr. min.

9. Birthplace Hamilton Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retiree

11. Industry or business Unknown

12. Name Unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine E. Cranch

15. Birthplace Hamilton Co. Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Marshall E. Cranch

(b) Address Gray, Missouri

17. (a) Buried (b) Date thereof 9-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Watson's Funeral

(b) Address Deer, Mo

19. (a) 9-14-40 (b) J. B. Brandon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Gray Ridge Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13  
year 1940 hour 02 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 6 - 40  
Sept 13 - 40 that I last saw him alive on Sept 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration 2 yrs

Due to \_\_\_\_\_

Due to ASC

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
754 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Howard M. Mudd (M. D. or other) \_\_\_\_\_  
Address Ark. Station Mo State signed 9/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

SEP 16 1941

RECEIVED

District Health Officer No. 2,

District File Number 1040-149

Date Filed 10/1/40

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.....

Virgil H. Welch....., Registered Apprentice No.....  
working under my personal supervision.

Signed Virgil H. Welch.....

Licensed Embalmer No. 4102

P. O. Address Deater, 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.