

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
312 Christain Collage Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Everett N. Crane

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary K. Crane 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec. 21, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 23 hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Self

12. Name Deris Crane

13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Hulda Wilson

15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary K. Crane

(b) Address 312 Christian Collage Ave.

17. (a) Burial (b) Date thereof May 16/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cemetery

18. (a) Signature of funeral director H. Meiner

(b) Address Boonville, Missouri

19. (a) 5/16/41 (b) Alta Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 312 Christain Collage Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th. day May
year 1941 hour 8.30 minute P.M. M.

21. I hereby certify that I attended the deceased from March, 1940, to May - 14, 1941;
that I last saw him alive on May 14 -, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to _____
Due to _____

Other conditions Simplex in RT - 3/12/41
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy none

Duration

PHYSICIAN

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? _____

74 (Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature F.C. Suggs (M. D. signature) ✓
Address Columbia, Mo Date signed 5/16/41

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

10
2
4

