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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30992
Registrar's No. 720

Registration District No. 73

Primary Registration District No. 3006

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 no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

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. W E Boine Route
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EVA CRANE
(b) If veteran, name war x
(c) Social Security No. Y

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 7 year 1941 hour 12 minute NOON
21. I hereby certify that I attended the deceased from Aug 1 1941 to Aug 8 1941
that I last saw her alive on Aug 8 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife WALTER T CRANE (c) Age of husband or wife if alive years
7. Birth date of deceased MAY 17 1882
(Month) (Day) (Year)

Immediate cause of death Cardiac Myocardial insufficiency Duration 1 w k
Due to Hypertension 3 yrs.
Due to Over weight and Renal insufficiency possibly 10-20 yrs

8. AGE: Years 59 Months 2 Days 20 If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131B
Of autopsy 131B
PHYSICIAN —
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business " "

MOTHER FATHER { 12. Name ALLEN CRANE
13. Birthplace Boone Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name ANNA JUDD
15. Birthplace Boone Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter T Crane

(b) Address W E Boine R

17. (a) burial (b) Date thereof Aug 9 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Union

18. (a) Signature of funeral director R. L. ...

(b) Address 8/11/41
19. (a) 8/11/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place)
(e) Means of injury B.S. DO
23. Signature Walter T Crane (M. D. or other) DO
Address Columbia Mo Date signed 8/11/41

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

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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 *Lynard Sprinkle*
Licensed Embalmer No. *4013*
P. O. Address *Columbia, T.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 73

Primary Registration District No. 5762

Registrar's No. _____

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: R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva Crane

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 17 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry of business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 11/12/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

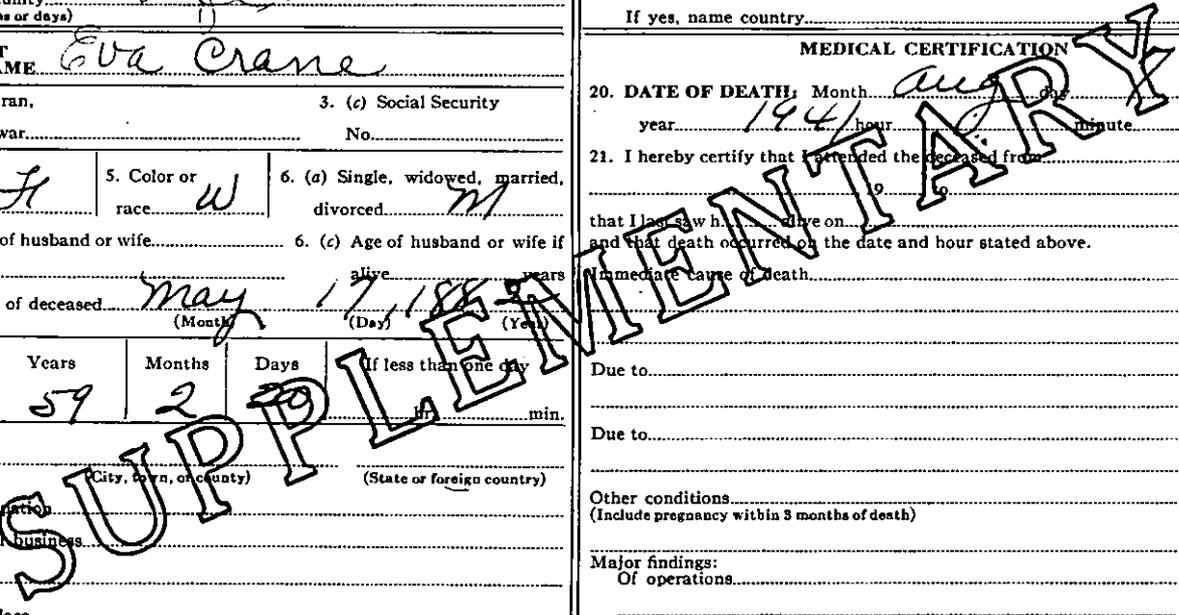
Major findings:
Of operations _____
Of autopsy _____

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

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____



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

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1941

S-30992