

FILED MAY 20 1942  
Registration District No. 288

Primary Registration District No. 5894

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Rural Cedar Twn.  
(c) Name of hospital or institution: Sedalia R.F.D. # 5.  
(d) Length of stay: In hospital or institution 46 Years  
In this community 46 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Rural  
(d) Street No. Sedalia, R.F.D. # 5.  
(e) Citizen of foreign country? 3 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emma Olive Cranfill

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Cranfill 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Jan. 6 1871

8. AGE: Years 71 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Versailles Mo.

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name William Berkstresser  
13. Birthplace Penn.  
14. Maiden name Katherine Griffith  
15. Birthplace Penn.

16. (a) Informant William Cranfill

(b) Address Sedalia, R.F.D. # 5.

17. (a) Burial (b) Date thereof 4/8/42

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Sillard

(b) Address Sedalia

19. (a) 4/8/42 (b) Mrs Emma Berger

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
year 1942 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 4  
1942 to April 7 1942  
that I last saw her live on April 7  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
Duration 2 1/2 hrs

Due to Cardio-Vascular-Renal Disease

Due to.....  
Other conditions very anemic  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN 131

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?.....  
(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 2

23. Signature F. L. Sutton (Mr. D. or other) D.O.  
Address Sedalia, Mo. Date signed 4/8/42

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

RECEIVED

Director of Health Officer No. 8,

District File Number: \_\_\_\_\_

Date Filed 5-18-42

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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 L. E. Baulchi

Licensed Embalmer No. 3867

P. O. Address Seaside, 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, fact should be so stated above.