S. No. 2
1—5-42
5-17-39
I X12873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27695

FILED SEP 11 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 950

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph, Mo. 7
(If outside city or town limits, write "RURAL")

(d) Street No. 2207 Lovers Lane
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Wilbur R. Crane

3. (b) If veteran, name war No

3. (c) Social Security No. 491-10-0444

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lillian I. Crane

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased About 1880 (Month) (Day) (Year)

8. AGE: Years 63 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Worth County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation President Crane Auto Supply Inc

11. Industry or business Auto Supplies

FATHER
12. Name ~~[illegible]~~ John R. Crane
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name ~~Unknown~~ Mary Adline Rhuday
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Lillian I Crane

(b) Address 2207 Lovers Lane, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem. St. Joe, Mo.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave., St. Joseph, Mo.

19. (a) 7/21/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1943 hour 10 minute 30 p M.

21. I hereby certify that I attended the deceased from July 19 1943 to July 20 1943 that I last saw him alive on July 20 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 da.
Due to: Chr Hypertension Dis	3 yr
Due to: Chr Diabetis Mel	"
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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 A B Simmons (M. D. ~~or other~~)

Address St Joseph Mo Date signed 7/21/43

1233

(Licensed Embalmer's Statement on Reverse Side)

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, ~~xxx~~ July 20, 1943

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Erica Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.