

FILED OCT 9 1944

Primary Registration District No. **3046**

Registrar's No. **199**

1. PLACE OF DEATH:

(a) County Moniteau
 (b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
701 N. High St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 6 1/2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68
 (c) City or town California
(If outside city or town limits, write "RURAL")
 (d) Street No. 701 N. High St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country n

3. (a) PRINT FULL NAME

LOWELLA CRANE

3. (b) If veteran,

3. (c) Social Security

name war..... No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 (18)
 year 1944 hour 8 minute 7 M.

21. I hereby certify that I attended the deceased from May 2
 1944 to Sept 18 1944
 that I last saw her alive on Sept 18 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of liver

Duration

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?

While at work? Yes (Specify type of place)
 (d) Means of injury fall

23. Signature A. H. Daniels (M.D. or other) D.O.
 Address California Date signed 9/20/44

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

MOTHER FATHER

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Edward B. Crane 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 7 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Chesamont Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John A. Miller

13. Birthplace Plainfield New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Combs

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Crane

(b) Address 725 N. Main, Brookfield Mo

17. (a) Burial, cremation, or removal Odd Fellows (b) Date thereof 96 20-44
(Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

(a) Signature of funeral director A. E. Wilson

(b) Address California, Mo.

19. (a) 9-20-44 (b) A. G. Alford
(Date received local registrar) (Registrar's signature)

1312

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed..... 10-6-44

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..... *A. E. Wilson*
Licensed Embalmer No. *2357*
P. O. Address..... *California 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.