

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34200

State File No. _____

FILED OCT 24 1946

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 40

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL - MOREAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Big Rock Church 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓
(Specify whether _____)

In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI; (b) County MORGAN

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Big Rock Community
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME FRED CRANE

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1946 hour 3 minute P.M.

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

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife PEARL CRANE

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

7. Birth date of deceased Oct 12 1884
(Month) (Day) (Year)

Immediate cause of death Accidental Death
but by passenger train
no 23 Rock Island R.R.

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>11</u>	<u>29</u>	<u>✓</u> hr. <u>✓</u> min.

Due to _____

Due to _____

Other conditions SH. P. Truck, he was
(Include pregnancy within 3 months of death)

9. Birthplace MORGAN Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

PHYSICIAN _____

Major findings: Driving was struck
by a Rock Island
train

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business FARMING

12. Name PALESTINE CRANE

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

14. Maiden name SARAH McLAUGHLIN

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

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? 3

16. (a) Informant Marie Thompson

(b) Address Burnett Mo

17. (a) BURIAL (b) Date thereof 10-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Rock

While at work? _____ (Specify type of place)

(e) Means of injury Morgan County

23. Signature Paul L. Medicus
Newville Mo Date signed 10/11/46

18. (a) Signature of funeral director Paul L. Medicus

(b) Address Eldon Mo

19. (a) 10-14-46 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

214

RECEIVED
District Health Officer No. 7,
District File Number 4-16-70-15
Date Filed 7-23-70

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

Keith M. Kaye

Licensed Embalmer No. *3998*

P. O. Address

Eldon 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.