No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18119

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 218

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1908 Gordon 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 ----- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 Gordon St. 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME LELA IRENE CRANE

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 Lilburn Crane
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July (Month) 13 (Day) 1894 (Year)

8. AGE: Years 52 Months 10 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business -----

FATHER
12. Name John Longacre
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ella Layton
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lilburn Crane
(b) Address 1908 Gordon, Hannibal, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Warren Cemetery, Marion Co.
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.
19. (a) 6-5-47 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature) 19 G

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1947 hour 8 minute 50 p.M.

21. I hereby certify that I attended the deceased from Jan 19-46, 19__, to June 2th, 1947; that I last saw her alive on June 2/47, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arthritis & Malnutrition
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. M. Meaker (M. D. or other) MD
Address Hannibal Mo Date signed 6/3/47

(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, or by.....

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

working under my personal supervision.

Signed.....Paul Richard Brown

Licensed Embalmer No.....4324

P. O. Address.....Hannibal 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.