S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12303

State File No. .....

Registration District No. 123 | Primary Registration District No. 302 | Registrar's No. 24

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town New Hampton Rural (If outside city or town limits, write "RURAL")
(d) Street No. 2½ mile NW of New Hampton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Earnest Edward Crane
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Jessie Crane
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan (Month) 3 (Day) 1882 (Year)

8. AGE: Years 66 | Months 2 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Harrison County (City, town, or county) MO (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER 12. Name Jasper Crane
13. Birthplace Gentry County (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name Janan Ross
15. Birthplace Gentry County (City, town, or county) MO (State or foreign country)
16. (a) Informant Jessie Crane
(b) Address New Hampton MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Loan Star
18. (a) Signature of funeral director W. F. Noble
(b) Address New Hampton Mo
19. (a) April 5-'48 (Date received local registrar) (b) Zola Burrus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1948 hour 4 minute 15 a.m.
21. I hereby certify that I attended the deceased from March 24, 1948, to March 31, 1948, that I last saw him alive on March 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis pelvic	2 days
Due to: acute appendicitis	10 days.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: acute appendicitis
Of autopsy .....

PHYSICIAN — Underline the cause of 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) O
While at work? (e) Means of injury .....

23. Signature M. Gearhart (M. D. or other) MD
Address Bethany Date signed 4-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

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

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No 2904

P. O. Address New Hampton 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.