S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 27 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 29447

Registrar's No. 792

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months ()
(Specify whether

In this community Same as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 29

(a) State Missouri (b) County Dade

(c) City or town Greenfield 0
(If outside city or town limits, write "RURAL")

(d) Street No. Unk 1
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME SADIE M CRANK

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife J. R Crank

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

7. Birth date of deceased August (Month) 15 (Day) 1863 (Year)

8. AGE: Years 85 | Months 1 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Brickenridge (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name James McCoy
13. Birthplace unknown (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Sarah K Friend
15. Birthplace unknown (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Mrs Wallace Squibb

(b) Address Bois D'Arc, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation Pennsboro Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-22-48 (Date received local registrar) (b) W E Handley WA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 48 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from 13 June 1948 to 20 Sept 1948 that I last saw her alive on 20 Sept 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia - bilat

Due to Arteriosclerosis severe ; Congestive Heart Failure

Due to

Other conditions Fractured left hip. occurring at daughters house 12 June 1948 Bois D' Arc, Mo

Major findings Of operations

Of autopsy This was the immediate cause of

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) hospitalization

(b) Date of occurrence but not the cause

(c) Where did injury occur? of death. (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 Stanley S. Peterson (M. D. or other) M.D.

Address Springfield, MO Date signed 21 Sept 48

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.