

No. 2
2-243
5-17-30
X35397

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 17 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33664

State File No. _____
Registrar's No. 205

Registration District No. 272 Primary Registration District No. 4908

1. PLACE OF DEATH:
(a) County Jerome
(b) City or town Holland rural
(c) Name of hospital or institution: Holland Hosp 1
(d) Length of stay: In hospital or institution _____
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Jerome (b) County Missouri
(c) City or town Holland rural
(d) Street No. Holland Hosp
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME William T Cranley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 6 year 1944 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct 6-48 to _____
that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex M 2 5. Color W race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Coronary Artery (Sticky Heart)
Due to Sticky Heart
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased Oct 1885
8. AGE: Years 63 Months 0 Days 5 If less than one day _____ hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace White town Tenn
10. Usual occupation farmer
11. Industry or business _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature D.C. Mohan (M. D. or other) _____
Address Holland Mo Date signed 10-31-48

MOTHER FATHER {
12. Name Bob Cranley
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown
16. (a) Informant Ella May Langston
(b) Address Holland Mo
17. (a) Reinold (b) Date thereof 10-10-48
(c) Place: burial or cremation White town Tenn
18. (a) Signature of funeral director Harmon Smith
(b) Address St Louis Mo
19. (a) 11-1-48 (b) D.C. Mohan

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

11-48-298

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.....

John H. German

Licensed Embalmer No. *A 355*

P. O. Address *Hayti, 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.