

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9189

FILED APR 11 1949

State File No. ....

6434  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Marion</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2114 Hope St</u>		d. STREET ADDRESS (If rural, give location) <u>2114 Hope St</u>		a. (First) <u>John</u>		b. (Middle) <u>M.</u>	
c. (Last) <u>Crane</u>		c. (Last) <u>Crane</u>		c. (Last) <u>Crane</u>		d. DATE OF DEATH <u>March 29, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 18, 1863</u>	
9. AGE (In years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>85</u>	
11. BIRTHPLACE (State or foreign country) <u>Palmyra Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. BIRTHPLACE (State or foreign country) <u>Palmyra Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Crane</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Belle</u>		14. NAME OF HUSBAND OR WIFE <u>Belle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Crane 2114 Hope Hannibal Mo</u>		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>				<u>78 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>2 weeks</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>Several yrs.</u>	
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) <u>Hypertensive heart disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/3x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1949</u> to <u>March 29, 1949</u> , that I last saw the deceased alive on <u>March 29, 1949</u> , and that death occurred at <u>3:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Porter D. O. J.</u>				23b. ADDRESS <u>412 Center St. Hannibal Mo</u>		23c. DATE SIGNED <u>3/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Union</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/31/49</u>		REGISTRAR'S SIGNATURE <u>H. E. Porter</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James O. Quinell</u>		ADDRESS <u>Hannibal Mo</u>	

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

George W. Magee Student Embalmer No. 298  
working under my personal supervision.

Signed George W. Magee  
Student Embalmer

Signed Michael J. Johnson  
Licensed Embalmer No. 3246  
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.