

S. No. 2
-12-45
5-17-39
#1 X47070

FILED MAY 19 1947
Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **131**

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
1311 Wilson no
(If not in hospital or institution, write street number or location)

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

In this community Life _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone **10**

(c) City or town Columbia **2**
(If outside city or town limits, write "RURAL")

(d) Street No. 1311 Wilson **4**
(If rural, give location) **3**

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

If yes, name country _____

3. (a) PRINT FULL NAME DARIUS Worthington CRANE

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced W **2**

6. (b) Name of husband or wife Roxy Lee Fontney Crane 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Nov 8 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1947 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from MARCH 10 1947, to APRIL 30 1947
that I last saw him alive on APRIL 29 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

85 5 22 hr. min.

Immediate cause of death CONGESTIVE HEART FAILURE **6 MDS.**

Due to ADVANCED GENERALIZED ?
ARTERIO SCLEROSIS

Due to 8 HEART WITH VENTRICULAR
RHYTHM.

Other conditions HYDROCELE - LEGS.
(Include pregnancy within 3 months of death)

9. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name Allen C. Crane

13. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

14. Maiden name MARY JANE JEFFERSON

15. Birthplace Boone Co MO
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. A.M. Proctor

(b) Address 1311 Wilson Av Columbia MO

17. (a) Burial (b) Date thereof May 2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director P. Palmer

(b) Address Columbia

19. (a) 5-5-47 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature) **21**

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____ **0**

23. Signature Allen C. Blumstein (M. D. or other) MO

Address 441 8TH ST, COLUMBIA, MO Date signed MAY 2, 1947

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

Reline

RECEIVED
District Health Officer No. 91
District File Number 5-15-47
Date Filed

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, _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lyman H. Spink
Licensed Embalmer No. 4013
P. O. Address Columbia, 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.