N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: BUCHANAN
Township: WASHINGTON
City: ST. JOSEPH, (No. 1212 SOUTH NINTH ST., St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 2123
Registered No. 104

2. FULL NAME: RAYMOND CRANOR
(a) Residence, No. 1212 SOUTH NINTH ST. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEBRUARY 25, 1902

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
35	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: EMPLOYEE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: LEWIS BATTERY SERV.
10. Date deceased last worked at this occupation (month and year): 18 MO.
11. Total time (years) spent in this occupation: UNK.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): STANBERRY, MISSOURI

FATHER
13. NAME: ORCOTT CRAMER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): STANBERRY, MO.

MOTHER
15. MAIDEN NAME: ANNA ANDERSON,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): RIDGWAY, MO.

17. INFORMANT (ADDRESS): MR. & MRS. O. E. CRANOR, PARENTS, 1212 SO. NINTH ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEMORIAL PARK CEM. DATE: JAN. 28, 1938

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 1-27, 19 38 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN. 26, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1938, to Jan. 26, 1938
I last saw him alive on Jan. 25, 1938. Death is said to have occurred on the date stated above, at 9:23 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Involvement of cardiac and respiratory centers	
Other contributory causes of importance: Progressive bulbar paralysis	

Name of operation: Date of
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.
(Signed) [signature] M.D.
(Address) 1202 Frederick Ave. St. Jo.

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH