DEC'D NOV 10 1938

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

36009
Do not use this space.

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5

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411

(b) Township Primary Registration District No. 2002 Registered No.

(c) City Joplin (d) Street No. 704 Indiana St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

658

2. PRINT FULL NAME Isom S. Crane

(a) Residence, No. 704 Indiana St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1872

7. AGE YEARS 66 MONTHS 7 DAYS 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Trades RR.
10. Date deceased last worked at this occupation (month and year) Employee
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerome Mo

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Sophia Crane 704 Indiana

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Ozark Memorial Cem. DATE 10-24-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlbut Und. Co 212 Joplin St Joplin Mo

20. FILED 10-24, 1938 Ed D [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1938, to 10-21, 1938

I last saw h— alive on Oct 21, 1938. Death is said to have occurred on the date stated above, at 5 a.m. 10/21/38

The principal cause of death and related causes of importance were as follows:

Heart Block

Date of onset

Other contributory causes of importance: 95 W

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? View

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) A. N. Winchester Coroner, M. D.

(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-539
Date Filed NOV 7 1938

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 Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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, above space should be left blank.