

REC'D MAR 13 1939

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

6569  
Do not use this space.

## 1. PLACE OF DEATH

(a) County GREENE Registration District No. 318  
(b) Township S. Campbell Primary Registration District No. 2001 Registered No. 166  
(c) City SPRINGFIELD (d) Street No. City Hospital 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. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 650 SHIPLEY JEAN CRANE St.  Joplin, Mo. 7042nd  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - Aug 11, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ 0 6 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.13. NAME Gene Jerry Crane14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Missouri15. MAIDEN NAME - Pauses Messmer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boyer Springs Kansas17. INFORMANT (ADDRESS) H. J. Crane 704 Indiana, Joplin Mo.18. BURIAL, CREMATION OR REMOVAL PLACE Webb City, Mo. Feb 28, 193919. FUNERAL DIRECTOR (NAME): Chas. Hall Funeral Springfield Mo. (ADDRESS)20. FILED 2-24, 1939 Chas. A. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 193922. I HEREBY CERTIFY, That I attended deceased from 2, 21, 39, 19, to 2, 24, 39, 19.I last saw her alive on 2, 23, 39, 19. Death is saidto have occurred on the date stated above, at 2:30 P.M.

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

Pneumonia, bronchialDate of onset 2, 22, 39Other contributory causes of importance: Whooping cough

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. G. Munch, M. D.(Address) Springfield, Mo.

**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 Hayd W. Lot

Licensed Embalmer No. 2910

P. O. Address 629 W. Walnut

**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.**