

REC'D APR 7 1939

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

11639

Do not use this space.

1. PLACE OF DEATH

- (a) County Montgomery Registration District No. 9681
 (b) Township Danville Primary Registration District No. h-186c
 (c) City Mincola (d) Street No. _____ 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- BENJAMIN RASH CRANE
 (a) Residence, No. _____ St.
 (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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Emma Harrison Crane</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 20 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>4</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Merchant</u>	11. Total time (years) spent in this occupation... <u>50yrs</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County Missouri</u>		
FATHER	13. NAME <u>Joseph Crane</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Martha Cowhead</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co Missouri</u>	
17. INFORMANT (ADDRESS) <u>Joseph Crane Mincola Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monty City, Tenn</u> DATE <u>March 14 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ja Marlow Montgomery City Mo</u>		
20. FILED <u>March 15 1939</u> <u>Mrs Elmer Gregory</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 12 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 29 1935</u> to <u>March 12 1939</u> I last saw him alive on <u>March 12 1939</u> . Death is said to have occurred on the date stated above, at <u>9 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Acute Deletion of Right Heart (sudden) - Heart failure</u>	Date of onset <u>3-12-39</u>
Other contributory causes of importance: <u>Branchial Pneumonia Chronic myocarditis & Nephritis</u>	<u>2-28-39 before 1935</u>
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> 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? <u>No</u> If so, specify _____ (Signed) <u>E J Andersen</u> , M. D. (Address) <u>Montgomery City, Mo</u> <u>5217</u>	

(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.

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.....

Edgar Boone Schlanter....., Registered Apprentice No. *158*
working under my personal supervision.

Signed.....

Joseph A. Marlow

Licensed Embalmer No. *3658*

P. O. Address *Montgomery City*

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.