

MOB MAY 18 1939

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

15171  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
(b) Township Joplin Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. 2322 Avenue Baste 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.

2. PRINT FULL NAME

(a) Residence, No. 2322 Avenue Baste 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 <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>Mr. Maude McCrany</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 1884</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>9</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>miner</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Missouri</u>	
	13. NAME <u>Dan McCrany</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Exton, Missouri</u>	
	15. MAIDEN NAME <u>Phoebe Smith</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thurman</u>		
17. INFORMANT (ADDRESS) <u>Mr. Maude McCrany</u>		
18. BURIAL INFORMATION OR REMOVAL PLACE <u>Corn Memorial</u> DATE <u>April 29 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Walt City Hall</u>		
20. FILED <u>4-30-39</u> <u>Ed D. James</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-17- 1939, to 4-25- 1939  
I last saw him alive on 4-25- 1939 Death is said to have occurred on the date stated above, at 9:10 P.M.  
The principal cause of death and related causes of importance were as follows:  
hypertensive vascular disease  
Date of onset 1 month

Other contributory causes of importance  
Chronic nephritis (glomerular)

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Spinal fluid Was there an autopsy? No

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) Ed D. James, M. D.  
Joplin Mo. (Address) 372

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 6-5-39-1086

Date Filed MAY 15 1939

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 myself

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Walt City, 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.