DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1940

Registration District No. 842

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4029

Primary Registration District No. 6104

Registrar's No.

1. PLACE OF DEATH:
(a) County Stone Twice Mo.
(b) City or town Crane
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 0 Stone
(c) City or town Crane
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Siddie Ross Fr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 26 (Day) 1881 (Year)
8. AGE: Years 58 Months 1 Days 17 If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
12. FATHER Name George Robbins
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Jane Black
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Chloe Williams
(b) Address Crane Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic
18. (a) Signature of funeral director George H Meadows
(b) Address Crane Mo
19. (a) Dec 14 39 (Date received local registrar) (b) Mrs Ethel Doggett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1939 hour 1:30 minute P.M.
21. I hereby certify that I attended the deceased from November 5, 1939, to December 14, 1939 that I last saw h CR alive on December 14, 1939. and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia. 3rd stage Bright's Disease — Duration 1 week. 1 yr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 1 2 1
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
(e) While at work? (f) Means of injury

23. Signature A. C. Fritz M.D. (M. D. or Coroner)
Address Crane Mo. Date signed 12-14-39

(Licensed Embalmer's Statement on Reverse Side)

REV. 8-17-39
1 X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 2410-402
Date Filed FEB 12 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.