MAY 7 1940

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

14270
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 1 Registration District No. 73
(b) Township Primary Registration District No. 3006 Registered No. 87
(c) City Columbia 0 (d) Street No. Noyes Hospital Columbia, Mo. 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 65 Earla Marie Crane
(a) Residence, No. Rochepart. Mo. St. Rochepart, Mo.
(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 F.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1916
7. AGE YEARS 24 MONTHS 1 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Rochepart, Mo. 0

FATHER
13. NAME George Bramblet Bell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochepart, Mo. 0

MOTHER
15. MAIDEN NAME Dora Coffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodlandville, Mo.

17. INFORMANT (ADDRESS) George Bramblet Bell Rochepart Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rochepart DATE Apr. 26, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkers, Columbia, Mo.
20. FILED 4/25/ 1940 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1940
22. I HEREBY CERTIFY, That I attended deceased from April 21, 1940, to April 24, 1940
I last saw her alive on April 23, 1940. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Streptococcus Pharyngitis	4/14/40
Acute Streptococcus Tonsilitis	4/14/40
Acute Nephritis	4/22/40
Toxaemia	

Other contributory causes of importance: 115 ft²

Name of operation Date of
What test confirmed diagnosis? Urinanalysis Was there an autopsy? No

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? No
If so, specify
(Signed) W O Denzer, M. D.
(Address) University Hospital, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

1 X14023

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, me

, or by

Registered Apprentice No. , working under my personal supervision.

Signed W. A. McWilliams

Licensed Embalmer No. 3893

P. O. Address Columbia 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.