FILED MAY 2 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14665

State File No.

Registration District No. 207 Primary Registration District No. 4123 Registrar's No. 28-13

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Plattsburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 (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) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Plattsburg (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 Alice Hanks Crain 650

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~~ Married
6. (b) Name of husband ~~or wife~~ Joseph Crain
6. (c) Age of husband ~~or wife if~~ alive 88 years
7. Birth date of deceased Aug (Month) 1 (Day) 1867 (Year)

8. AGE: Years 72 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business " "

FATHER
12. Name John P Hanks
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Louisa Oldham
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs John P Hanks
(b) Address Plattsburg
17. (a) (Burial, cremation, or removal) (b) Date thereof 4-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director S J Winn
(b) Address Plattsburg
19. (a) Apr 11-40 (Date received local registrar) (b) Eunice Chastain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar, 1940, to Apr 9, 1940 that I last saw her alive on Apr 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	30 min
Due to Arterio Sclerosis With B.P. 230/110 Nov 17	1936
Due to	
Other conditions (Include pregnancy within 3 months of death) 82 W	

Major findings:
Of operations
Of autopsy no

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? 18 00 (Specify type of place)
While at work? (e) Means of injury

23. Signature P M Steckman (M. D. ~~or other~~) 1
Address Plattsburg Mo Date signed 4-10-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 40-787
Date Filed MAY 17 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~~ James L. Martin, Registered Apprentice No. _____ working under my personal supervision.

Signed James L. Martin

Licensed Embalmer No. 860

P. O. Address Plattsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.