

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5542

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME Cranville Cook McCabe

8. (b) If veteran, name war No. 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July 20 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 7 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Mo. State Highway Dept.

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant H. N. Lambirth

(b) Address 1002 N. Grand Sedalia, Mo.

17. (a) Removal (b) Date thereof 6-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. JUN 28 1940 (Date received in Registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 320 N. Tiernon
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1940 hour 1:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 31st
1938, to June 27th, 1940;

that I last saw him alive on June 27th A.M., 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation

Contributing cause - Carcinoma of prostate

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Carcinoma of prostate
Of operations _____
Of autopsy None

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? _____

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

23. Signature [Signature] (M. D. or other) M.D.

Address 958 Arcady Bldg. Date signed 6-28-40
St. Louis

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 _____

Wilford Burnley, Registered Apprentice No. 1
working under my personal supervision.

Signed

Albert G. Kopper

Licensed Embalmer No. 2971

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.