

No. 2
1-12-40
-17-39
X23159

Registration District No. 110A Primary Registration District No. 110A

NOV 19 1940

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town None in town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days) all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural, Cedar Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME VIRGINIA ANN CRANE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife John E. Crane (dec) 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 4 21 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 20 If less than one day 0 hr. 0 min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business 4'

12. Name Wary Fortney

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

14. Maiden name Pat Ann Perry

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

16. (a) Informant John O. Crane

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Boone Co Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th year 1940 hour 6:15 minute PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) HTP

Major findings: Of operations _____

Of autopsy _____

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? 73

While at work? _____ (Specify type of place) (e) Means of injury 5
23. Signature M. R. Toobay (M., D., or other) _____
Address Columbia Mo Date signed 10-17-40

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

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

W. H. Vandeventer

Licensed Embalmer No. *2494*

P. O. Address *Columbus, N*

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, fact should be so stated above.