DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40060

Registration District No. 906 Primary Registration District No. 6221 Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MANSFIELD-GASCONADE TWP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 20

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT

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

(d) Street No. (If rural, give location)

0

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

3. (a) PRINT FULL NAME JESSIE P. CRAIN

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 MARRIED

6. (b) Name of husband or wife HENRY CRAIN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JAN (Month) 15 (Day) 1880 (Year)

8. AGE: Years 60 Months 9 Days 12 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name GEORGE SPRAGG

13. Birthplace NEW BRUNSWICK CANADA (City, town, or country) (State or foreign country)

14. Maiden name ADA M BORHEESE

15. Birthplace HASELTON IOWA (City, town, or country) (State or foreign country)

16. (a) Informant HENRY CRAIN

(b) Address MANSFIELD MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 8-1940 (Month) (Day) (Year)

(c) Place: burial or cremation WOLF CREEK CEM.

18. (a) Signature of funeral director J A Stiffler

(b) Address MANSFIELD MO.

19. (a) NOV. 30-40 (Date received local registrar) (b) Ella Clayton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7 year 1940 hour 3 minute 10 A.M.

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

	Duration
Immediate cause of death: Carcinoma Liver Mesentary etc	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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)

While at work? (e) Means of injury

23. Signature J A Frazier (M. D. ~~or other~~)

Address Mansfield Mo Date signed Nov 8-1940

(Licensed Embalmer's Statement on Reverse Side)

46

RECEIVED
District Health Officer No. 6
District File Number 1240-3022
Date Filed DEC 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 F. A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.

No. 2B
2-21-40
X22059

MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40060 7

Registration District No. 906 Primary Registration District No. 6221 Registrar's No. 90

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Wright
(b) ~~City or town~~ Gasconade
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Jessie P Crain
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 M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	9	12	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Mesentery + liver	
Due to 1st carcinoma of breast	
Due to 2d in Livery thru to Mesentary	
Other conditions (Include pregnancy within 3 months of death)	
5D	
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)
While at work? (e) Means of injury

23. Signature J A Fuson (M. D. ~~or other~~)
Address Mansfield Date signed Mo

1940
S-40060