

NOV FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2049

Registration District No. 124 Primary Registration District No. 5173 Registrar's No. 1

1. PLACE OF DEATH
(a) County Camden
(b) City or town Decaturville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community April - 1940 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town Decaturville, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Montreal - Star Road 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Herbert Crane
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 27 year 1940 hour 4 minute P M.
21. I hereby certify that I attended the deceased from Dec 25 1940, to Dec 27 1940, that I last saw him alive on Dec 26 1940 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 17 - 1881 (Month) (Day) (Year)

Immediate cause of death Cellulitis (lower abdominal wall and scrotum)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 59 Months 5 Days 11 If less than one day hr. _____ min. _____

Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Waterloo Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Barryman

11. Industry or business _____
12. Name Thomas Crane
13. Birthplace Camden (City, town, or county) (State or foreign country)
14. Maiden name Jane
15. Birthplace Wesconsin (City, town, or county) (State or foreign country)

16. (a) Informant Geo Crane
(b) Address Beautland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

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 _____

18. (a) Signature of funeral director Barkner - Wadley
(b) Address Camden, Mo
19. (a) Jan 9, 1941 (Date received local registrar) (b) Mo. Wills (Clifton) (Registrar's signature)

23. Signature W. L. Cannon (M. D. or other) MD
Address Camden, Mo Date signed 12-31-40

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-253

Date Filed 2-7-41

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

Albi Bankrow Woolery

Licensed Embalmer No. 2488

P. O. Address

Camden, N. J.

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.