

MAR 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6639
Do not use this space.

1. PLACE OF DEATH

(a) County CHARITON Registration District No. 171
(b) Township Keytesville Primary Registration District No. 5237 Registered No. 691
(c) City KEYTESVILLE (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MATTHEW PATTEN CHRANE
(a) Residence, No. R-1 St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE CYNTHIA CHRANE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 24-1856
7. AGE YEARS 84 MONTHS 11 DAYS 18 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chariton (STATE OR COUNTRY) Missouri

13. NAME T. F. CHRANE

14. BIRTHPLACE (CITY OR TOWN) COPENHAGEN (STATE OR COUNTRY) DENMARK

15. MAIDEN NAME SARAH J. HANNAH

16. BIRTHPLACE (CITY OR TOWN) D. K. (same as) (STATE OR COUNTRY)

17. INFORMANT Cynthia Chrane (ADDRESS) Keytesville Mo R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Bentley Cem. DATE 2-13-41

19. FUNERAL DIRECTOR (NAME) Paul T. Mackey (ADDRESS) Moberly, Mo. 150

20. FILED 2-13-41, 19 Miss Ray Lambert Local Registrar

MEDICAL CERTIFICATE OF DEATH 1:00 P

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12, 1941
22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1941, to Feb 12, 1941.
I last saw him alive on Feb 11, 1941. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Date of onset 2/8/41

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Carl O. Meyer, M. D.
(Address) Keytesville, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X16603

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-7-41

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.....

Licensed Embalmer No.....

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.