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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11354
State File No.

Registration District No. 5747 Primary Registration District No. 3029 Registrar's No. 93

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 5 months 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Palmyra 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Louis Nelson Crane

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Weller 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January (Month) 7 (Day) 1865 (Year)

8. AGE: Years 76 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Marion County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Silas H. Crane
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Pimberton
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Crane
(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation Crane Cem. Warren Twp.

18. (a) Signature of funeral director Lewis Bird
(b) Address Palmyra, Mo.

19. (a) Mch 17 '41 (Date received local registrar) (b) H. C. Fischer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11 year 1941 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 8, 1941, to Mar 11, 1941, that I last saw him alive on Mar 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy None

Duration

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 J. R. Kirkham (M. D. or other) Address 100 Hill Hannibal Date signed 3/15/41

(Licensed Embalmer's Statement on Reverse Side)

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~~ XXX

Registered Apprentice No.

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2382

P. O. Address Palmyra, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.