No. 2
1-10-39
-17-39
X21492

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

FILED JUL 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21371

Registration District No. 135 Primary Registration District No. 5193 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Carroll

(b) ~~City or town~~ Rural "Wakenda Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Mo (b) County Carroll 17

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

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

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

3. (a) PRINT FULL NAME Nellie Maude Crank

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Willis Crank

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

7. Birth date of deceased Aug (Month) 16 (Day) 1881 (Year)

8. AGE: Years 59 Months 10 Days 3 If less than one day hr. min.

9. Birthplace 1 Indiana (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Chas. Gorman
13. Birthplace 1 Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Dudley
15. Birthplace 1 Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Willis Crank
(b) Address Wakenda, Mo. R.F.D.

17. (a) Oak Hill Cem (Burial, cremation, or removal) (b) Date thereof 6-21-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Standley
(b) Address Carrollton Mo.

19. (a) 6-20-41 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1941 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1940, to June 19th, 1941; that I last saw her alive on June 19th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	5 yrs.
Due to	
Due to	
Other conditions Chronic Brights Disease (Include pregnancy within 3 months of death)	?

131 P

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

130

23. Signature W. G. Atwood (M. D. or other) D
Address Carrollton Date signed 6/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 7-9-41
Date Filed

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.