

Registration District No. 250

Primary Registration District No. 4150

FILED JUL 17 1945

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

1. PLACE OF DEATH:

(a) County Davies
(b) City or town Gallatin
(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 life years, months or days)

3. (a) PRINT FULL NAME Sam H. Cranchaw

3. (b) If veteran, name war No 3. (c) Social Security No. 493-18-4110

4. Sex male 5. Color or race col. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 3 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 21 If less than one day
hr. min.

9. Birthplace Davies Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business cement work

12. Name Nelson Cranchaw

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name do not know

15. Birthplace do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Cranchaw

(b) Address Gallatin Mo.

17. (a) burial (b) Date thereof 6/27.41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herndon Cem. Gallatin

18. (a) Signature of funeral director [Signature]

(b) Address Gallatin Mo.

19. (a) 6-27-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Davies
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 7
1941 to June 24 1941

that I last saw him alive on June 24 1941
and that death occurred on the day and hour stated above.

Immediate cause of death
Chronic Cardio Renal disease
Valvular disease heart

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address Whiston, Mo. Date signed 6/27/41

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. *3453*

P. O. Address *Union 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, fact should be so stated above.