

FILED MAY 8 1942

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 277

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
629 N. Nettleton Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 38 years
years, months or days)

3. (a) PRINT FULL NAME THOMAS VAN BUREN CRANE, M.D.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased June 1, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Unknown / Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor

11. Industry or business Medicine

MOTHER FATHER { 12. Name A. J. Crane
13. Birthplace Unknown / Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Rhoda McDaniel
15. Birthplace Unknown / Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Amanda Crane
(b) Address 629 N. Nettleton Spfd. Mo.

17. (a) Burial (b) Date thereof 4/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Thieme

(b) Address Springfield, Mo.

19. (a) 4-13-42 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

784

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 629 N. Nettleton Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country C

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1942 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from April 10th 1942
to April 10th 1942
that I last saw him alive on April 10th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris with Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 948

Major findings: Of operations _____

Of autopsy _____

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 E. L. Evans (M. D. or other) U

Address Springfield, Mo. Date signed 4/12/42

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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.....

R. H. Chieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.