S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed JUN 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20227

Registration District No. 394 Primary Registration District No. 6002 Registrar's No. 2366

1. PLACE OF DEATH:

(a) County: Jackson,
(b) City or town: Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 801 Greenway Terrace, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x (Specify whether years, months or days)
In this community: 27 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 48
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 801 Greenway Terrace, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) U
If yes, name country: x

3. (a) PRINT FULL NAME: Jason George Crane,
3. (b) If veteran, name war: no.
3. (c) Social Security No. 495-07-4040
4. Sex: Male M
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married,
6. (b) Name of husband or wife: Margret F. Crane,
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: March (Month) 22 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	26	hr. min.

9. Birthplace: Indiana (City, town, or county) / (State or foreign country)
10. Usual occupation: Vice President
11. Industry or business: Theodore Gary Investment Co.
FATHER 12. Name: Allen S. Crane,
13. Birthplace: Indiana, (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name: Belle Crane
15. Birthplace: Indiana, (City, town, or county) / (State or foreign country)
16. (a) Informant: Mrs. Margret Crane,
(b) Address: 801 Greenway Terrace, K. C., Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 6-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 6-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th, year 1942 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from 1940, 19..., to June 18th, 19 42
that I last saw him alive on June 17, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ventricular fibrillation	
Due to: Coronary occlusion	
Due to: Coronary sclerosis	
Other conditions (Include pregnancy within 3 months of death): 94a	

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: D MO
23. Signature: [illegible] (M. D. or other)
Address: K.C. Mo. Date signed 6-19-42

(Licensed Embalmer's Statement on Reverse Side)

361

Dr. Ketcham,
1 to 3:30 PM Friday,
Waldheim Bldg.,

JAN 20 1944

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. 1413

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, fact should be so stated above.