

FILED AUG 13 1942

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town St Joseph  
(c) Name of hospital or institution: St. Joseph Hospital # 22  
(d) Length of stay: In hospital or institution 4 yrs 8 mos 23 days  
In this community 4 yrs 8 mos 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair  
(c) City or town Kirkville  
(d) Street No. Travelers Hotel  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Ethel O. Crane

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H. P. Crane 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased 003 19 1986

8. AGE: Years 55 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Mo

10. Usual occupation Housewife

11. Industry or business at home

12. Name Mr. Willie

13. Birthplace Mo

14. Maiden name Wiley Adela Crider

15. Birthplace Mo

16. (a) Informant H. P. Crane

(b) Address Travelers Hotel Kirkville Mo

17. (a) Removal (b) Date thereof July 30 42

(c) Place: burial or cremation Gravett Arkansas

18. (a) Signature of funeral director H. P. Crane

(b) Address St. Joseph Missouri

19. (a) 7-30-42 (b) Registrar's signature Roe Hervey

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 1942 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 15 1942 to July 29 1942 that I last saw her alive on July 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General debility Duration several months

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 13 ft

Major findings: Of operations .....  
Of autopsy no

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 no

23. Signature Roe Hervey (M. D. or other) no  
Address Cale Hospital # 7 Date signed 7-30-42

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

11  
1  
7

JAN 26 1956

**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.

*July 30 42*

Signed.....

*John A. Harley*

Licensed Embalmer No.....

P. O. Address.....

*St. Louis, 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.**