

S. No. 2  
M-9-4-41  
5-17-39  
PI X 184

22128

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JUL 10 1948 274  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3052

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Memorial Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether \_\_\_\_\_)

In this community \*\*\*\*  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Beaman 80  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME James Cranfield

3. (b) If veteran, name war none

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1948 hour 1:30 minute A. M.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Emma Cranfield

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 8, 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1948 to June 3, 1948  
that I last saw him alive on June 2 - 9 PM, 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death Bedtime lungs 4 days

9. Birthplace Beaman, Missouri 0  
(City, town, or county) (State or foreign country)

Due to Cordial Degeneration

Due to Referred by M.O., Hilroy = 37mo

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name John L. Cranfield

13. Birthplace Beaman, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Lee

15. Birthplace Beaman, Missouri 0  
(City, town, or county) (State or foreign country)

Major findings: 13/10

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Cranfield, (wife)

(b) Address Route 1, Beaman, Mo.

17. (a) Burial (b) Date thereof 6/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Missouri

19. (a) 6/2/48 Mrs. Emma Berger  
(Date received by registrar) (Registrar's signature)

23. Signature Alfred E. Powers (M. D. or other) \_\_\_\_\_

Address 111 W. 4 Sedalia Mo Date signed 6-4-48

1022 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

30  
6  
4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-2-43

SEP 3 1943

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: Russell Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, 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.