S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25356

State File No.

FILED AUG 12 1943

Registration District No. 1[illegible]

Primary Registration District No. 4258

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina
(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 31 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52 1

(c) City or town Edina 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Alexander Burton Crank

3. (b) If veteran, name war World War No. I.

3. (c) Social Security No. 492-03-5254

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Celeste Agnes Frobes

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) - 10 (Day) - 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	0	11	hr. min.

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

10. Usual occupation Linotype Operator

11. Industry or business for Edina Sentinel

FATHER
12. Name Thomas N. Crank
13. Birthplace Lynchburg (City, town, or county) Va. (State or foreign country) 1

MOTHER
14. Maiden name Margaret E. Nicklin
15. Birthplace Lincoln County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Celeste A Crank
(b) Address Edina, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-24-1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Catholic emetary Edina, Missouri.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri.

19. (a) July 24-43 (Date received local registrar) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1943 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on July 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	10 hours
Due to	
Due to	
Other conditions Angina Pectoris (Include pregnancy within 3 months of death)	6 weeks

Major findings:
Of operations 94 a
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 ✓

23. Signature I. J. Breckenfeld (M. D. or other) D.O.
Address Edina, Mo. Date signed 7/23/43

1142

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 1943

RECEIVED
District Health Officer No. 10
District File Number 8-43-1321
Date Filed AUG 11 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.