

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural, Union Township
(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 58 years (Specify whether years, months or days)

In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural, Union Township
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Rosie Lee Crane

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George E. Crane

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 12 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Adams County, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Savil Wilson

13. Birthplace Adams County, Illinois /
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Shade

15. Birthplace Ursa, Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Palmyra, Missouri

(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 8/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem. Palmyra

18. (a) Signature of funeral director Lewis Brown

(b) Address Palmyra, Missouri

19. (a) 8/17/43 (b) Mrs. Margaret Maddox
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1943 hour 7 minute 0 A.M.

21. I hereby certify that I attended the deceased from Feb 19, 1939, to Aug 16, 1943; that I last saw her alive on Aug. 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Duration 7 days

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) JZa!

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? _____

While at work? _____ (Specify type of place) _____ Means of injury _____

23. Signature Dr. C. E. Shumer (M.D. or other) 2 DD

Address Philadelphia, MO Date signed 8-17-43

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.....

Levi S. Lewis

Licensed Embalmer No. 2582

P. O. Address Palmyra, 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.