V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

F 31322

State File No. .....

FILED OCT 6 1943

Registration District No. 7 ..... Primary Registration District No. 3008 ..... Registrar's No. 310

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo - 17 da (Specify whether years, months or days)
In this community 3 Mo - 17 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Marion
(c) City or town Palmyra, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No ~~Yes~~ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ethel Hurley
3. (b) If veteran, name war DK
3. (c) Social Security No. DK

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept. (Month) 12 (Day) 1889 (Year)

8. AGE: Years 54 Months 0 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Marion Co. Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Restaurant Work
11. Industry or business .....
FATHER
12. Name Jonathan Dit Crane
13. Birthplace Ky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Martha J Powell
15. Birthplace Philadelphia, Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. Artie Crane
(b) Address Palmyra, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Mo
18. (a) Signature of funeral director A. M. Sprague
(b) Address Palmyra Mo
19. (a) 9-23-43 (Date received local registrar) (b) Josie Morauthof (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1943 hour 1230 minute a M.
21. I hereby certify that I attended the deceased from 8-26, 1943 to 9-23, 1943 that I last saw h. ~~ex~~ alive on 8-22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Septicemia (Organism unknown)	3 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic myocarditis	?

Major findings:
Of operations 9 3d
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 J B Stokes (M. D. or other)
Address Fulton, Mo Date signed 8/29/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1949

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 A. M. Sprague

Licensed Embalmer No. 999

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.