

S. No. 2  
M-2-43  
5-17-39  
P-1 X33897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31561

SEP 17 1943  
Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 29

1. PLACE OF DEATH:

(a) County DUNKLIN  
(b) City or town MALDEN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
310 W. CLEVELAND  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days) 42 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DUNKLIN  
(c) City or town MALDEN 035  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 310 W. CLEVELAND 1  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME CORA ALICE CRANK

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 WIDOWED  
6. (b) Name of husband or wife William Dudley Crank  
6. (c) Age of husband or wife if alive DECEASED years  
7. Birth date of deceased JULY 25 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 0 16 hr. min.

9. Birthplace INDIANAPOLIS INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED HOUSE WIFE

11. Industry or business NONE

12. Name JESSIE F HAWKINS

13. Birthplace UNKNOWN OHIO  
(City, town, or county) (State or foreign country)

14. Maiden name MINERYA WILSON

15. Birthplace INDIANAPOLIS INDIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant JESSIE CRANK

(b) Address ST. LOUIS, MISSOURI

17. (a) BURIAL (b) Date thereof 8-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK CEMETERY, MALDEN

18. (a) Signature of funeral director DAY FUNERAL HOME

(b) Address MALDEN, MISSOURI

19. (a) 8-13-43 (b) P. Elder  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 th.  
year 1943 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 15  
1942 to Aug 12 1943  
that I last saw her alive on Aug 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death thromboses with  
gangren of Leg Duration Aug 6/43

Due to Heart infection from  
a case of Challaiger.  
Due to in Decubal

Other conditions 9812  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 9812  
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) (e) Means of Injury 2

23. Signature James Calstrom (M. D. or other) MD  
Address Malden Date signed Aug 12/43

1288 (Licensed Embalmer's Statement on Reverse Side)

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

5  
3  
1

RECEIVED

District Health Office No. 2,

District File Number 9-13-1150

Date Filed 9-13-43

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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

*J. J. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

**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.**