

FILED OCT 2 1944

Registration District No. 279

Primary Registration District No. 5930

Registrar's No. 424

1. PLACE OF DEATH:

(a) County PETTIS  
 (b) City or town RURAL HUGHESVILLE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: R.F.D. #2 Hughesville  
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80  
 (c) City or town HUGHESVILLE (RURAL) 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #2 0  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HANNA DOROTHY CRAIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife SIM CRAIN 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 10 - 18 - 1879  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace HAMBURG GERMANY  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

12. Name NICHOLS KNUTZ II

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

14. Maiden name FRANKEN

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

16. (a) Informant SIM CRAIN

(b) Address HUGHESVILLE R.F.D. #2

17. (a) BURIAL (b) Date thereof 9-28-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director GILLESPIE

(b) Address SEDALIA

19. (a) 9/26/44 (b) Mrs Anna Berger  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25  
 year 1944 hour 14 minute 0 M.

21. I hereby certify that I attended the deceased from Sept 25, 1944, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Injuries to her head when she accidentally fell from a rocky cliff into a stream of water  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

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) accident ASC  
 (b) Date of occurrence Sept 25 - 1944  
 (c) Where did injury occur? Pettis Co mo  
 (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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Mr J Bishop Coroner (M. D. or other) \_\_\_\_\_  
 Address Sedalia mo Date signed 9-25-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-6-44

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 L. E. Boulton

Licensed Embalmer No. 9867

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.