

S. No. 2
M-5-43
v. 5-17-39
P. I. X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37055**

Registration District No. **14** Primary Registration District No. **4029** Registrar's No. **26**

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

1. PLACE OF DEATH:
(a) County **Barton**
(b) City or town **Minden Mines, Missouri**
(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 **1**
In this community **2 years, 4 months, 23 days** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **BARBARA GAYNELL CRANK**

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 **Single**

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

7. Birth date of deceased **June 30 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 23 hr. min.

9. Birthplace **Minden Mines, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Elmer D. Crank**

13. Birthplace **Cedar County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **MAY PUSON**

15. Birthplace **Seminole, Oklahoma**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer D. Crank**

(b) Address **Minden Mines, Missouri**

17. (a) **Burial** (b) Date thereof **Nov 26 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**

(b) Address **Lamar, Missouri**

19. (a) **Nov 29-1944** (b) **Blanche Sackett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **23**
year **1944** hour **4** minute **20** A. M.

21. I hereby certify that I attended the deceased from **Sept. 5**, 19**44** to **Nov. 23**, 19**44**;
that I last saw her alive on **Nov. 14**, 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral insufficiency & Cardiac Distention** Duration **2 mo.**

Due to **Asthma**

Due to **Mongolian Idiocy**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **A2B**
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

23. Signature **M. H. Kneeland** (M. D. or other) **D.D.**

Address **Liberal, Mo.** Date signed **Nov 25 1944**

1260

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1244-1301

Date Filed DEC 8 1944

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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.