V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37751

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 919

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, N. Campbell Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway of R.R. Crossing 9 mi. Route #6. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution N.W. of Spfd. (Specify whether

In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 1812 N. Main Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME LUCILLE CRANE

3. (b) If veteran, name war NONE

3. (c) Social Security No. 497-22-6167

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased April (Month) 17, (Day) 1927 (Year)

8. AGE: Years 17 Months 7 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Coca Cola Bottling Co

11. Industry or business

FATHER
12. Name Leonard K. Crane
13. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ollie Mae Hughes
15. Birthplace UNK. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Leonard K. Crane
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Robberson Prairie

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 11-25-44 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1944 hour 4 minute 22 P.M.

21. I hereby certify that I attended the deceased from No physician in attendance, 19..., 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 Railway crossing accident

Due to Car drove in front of train

~~Due to~~ Fracture of Skull

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 21, 1944

(c) Where did injury occur? Greene (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Grade crossing, Public road (Specify type of place)

While at work? No (e) Means of injury RR Train

23. Signature Murray C. Stone Coroner (M. D. or other)

Address Springfield, Mo. Date signed 11-22-44

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 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 J B Klingner

Licensed Embalmer No. 3358

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.