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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12098

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1768

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2446 Brighton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2446 Brighton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas H. CRANE.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth C. Crane

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased 5 (Month) 10 (Day) 1867 (Year)

8. AGE: Years 77 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Aurora (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business Paving Contractor.

FATHER
12. Name Michael Crane
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget Gaughan
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Elizabeth C. Crane
(b) Address 2446 Brighton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director ~~[illegible]~~ C. H. Blackman & Son, Inc.
(b) Address Kansas City Mo.

19. (a) 4-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1945 hour minute M.

21. I hereby certify that I attended the deceased from for several years, 19 to 19 ; that I last saw him alive on April 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Senility + Hemoplegia

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no autopsy

Duration

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)

(e) Means of injury

23. Signature H. N. Owen (M. D. or other)

Address Kans City Mo Date signed 4/18/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.