V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34236

State File No.

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 42

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL — ~~[illegible]~~ MOREAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Big-Roch-Church-Com-
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether
In this community 45 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN

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

(d) Street No. Big-Rock-Community
(If rural, give location)

(e) Citizen of foreign country? none (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME PEARL-MINERVA-CRANE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or ~~wife~~ FRED-CRANE

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Nov (Month) 20 (Day) 1883 (Year)

8. AGE: Years 61 Months 10 Days 28 If less than one day hr. min.

9. Birthplace MONITEAU-CO. (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSE-WIFE

11. Industry or business Home

FATHER
12. Name HARRISON-FERGUSON
13. Birthplace (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name AMONDA TRALOR
15. Birthplace (City, town, or county) Ind (State or foreign country)

16. (a) Informant Fred Crane
(b) Address Barnett Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Big Rock-Cem-

18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo

19. (a) 10-20-45 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1945 hour 5 minute 15 A M.

21. I hereby certify that I attended the deceased from Sept 15- 1945, to 10-18 1945; that I last saw her alive on Sept 15- 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina pectoris	3 months
Due to and arteriosclerosis —	Don't Know
Due to and hypertension	Several years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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)
While at work? (e) Means of injury

23. Signature W. G. Gunn (M. D. ~~or other~~)
Address Versailles Mo Date signed 10/20/45

10-29

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1953

REC... No. 7
Di... 10-45-1052
District
Date Filed 11-7-45

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.