

FILED DEC 13 1945

Registration District No. 181

Primary Registration District No. 4293

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Edsberry  
(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 (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln  
(c) City or town Edsberry 57  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Gordon Crank

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

4. Sex M D 5. Color or race W  
6. (a) Single, widowed, married, divorced M I  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 27 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 20  
If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business

12. Name Tom M. Crank's  
13. Birthplace Va.  
14. Maiden name Susie Miller  
15. Birthplace Lincoln Mo  
(City, town or county) (State or foreign country)

16. (a) Informant H.P. Crank's  
(b) Address Edsberry Mo  
17. (a) Burial (b) Date thereof Sept 20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Edsberry Mo

18. (a) Signature of funeral director W.H. Bradley  
(b) Address Edsberry  
19. (a) Jan 30 45 (b) Wm J. Dwyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th  
year 1945 hour 2:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 15, 1945, to Sept 17, 1945;  
that I last saw him alive on Sept 17, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary occlusion  
Due to Coronary thrombosis 2 yrs

Other conditions (Include pregnancy within 6 months of death)

Major findings:  
Of operations

Of 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)  
While at work? (c) Means of injury  
23. Signature Wm J. Dwyer (M. D. or other)  
Address Edsberry Mo Date signed 9/20/45

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

200  
11.00  
10.00  
10.00  
10.00

1467

**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 W. W. Bradley  
Licensed Embalmer No. 3966  
P. O. Address Edsbury

**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.**