

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

FILED APR 10 1946

State File No. 1407
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4525 Gillham Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days) since 1911

3. (a) PRINT FULL NAME Ottley Cranston

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mrs. Louie Cranston 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased May 3 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>79</u>	<u>80</u>	<u>10</u>	<u>20</u>	hr. min.
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9. Birthplace England (City, town, or county) (State or foreign country) 4

10. Usual occupation Vocal Teacher

11. Industry or business X

12. Name William Cranston

13. Birthplace England (City, town, or county) (State or foreign country) 4

14. Maiden name Sheppard

15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Gladys Sproult

(b) Address 4525 Gillham Road, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 3-25-46 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

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

(d) Street No. 4525 Gillham Road, (If rural, give location) 8

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1946 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 28 1939 to March 28 1946

that I last saw him alive on March 28 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease

Due to Compensatory heart failure Duration 7 yrs +

Due to _____

Other conditions Hypertension (Include pregnancy within 3 months of death)

Major findings: 938

Of operations _____

Of autopsy _____

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 Joseph E. Eubank (M. D. or other) D

Address 836 Prof. Bldg Date signed 3/23/46

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Joseph E. Welker

Joseph E. Welker
J. E. W.

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address H C W

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.