S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

20061

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21192

Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 70

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Hardin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray 89
(c) City or town Hardin 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James Jackson Crane
3. (b) If veteran, name war World war No 1
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Seek
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May - 31 (Month) 1888 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	0	16	hr. min.

9. Birthplace Independence Mo 1
(City, town, or county) (State or foreign country)
10. Usual occupation Truck Farming
11. Industry or business
FATHER
12. Name James Jackson Crane
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Morgan
15. Birthplace Ill 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary Crane
(b) Address Hardin Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof X (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Hardin Cem
18. (a) Signature of funeral director John W. Knipschild
(b) Address Hardin Mo
19. (a) June 19-46 (Date received local registrar) (b) Malal Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1946 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from
Jan 1 - 1946 to June 15 1946
that I last saw him alive on June 15 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 hour
Due to Arterio-Sclerosis	5 yrs
Due to Myocarditis	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93e1	
Of autopsy	

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? 0 (e) Means of injury 0
23. Signature Marvin Grimes (M. D. or other)
Address Hardin, Mo. Date signed 6/17/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-29-46

JUL 2 1946

AUG 5 1946

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 me, Registered Apprentice No., working under my personal supervision.

Signed John W. Knipschild.

Licensed Embalmer No. 2789

P. O. Address Hardin 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.