

BUREAU OF THE CENSUS
FILED SEP 23 1947

Registration District No. 346

Primary Registration District No.

61-66-4507

Registrar's No.

55

1. PLACE OF DEATH

(a) County Stone
(b) City or town Crane
(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
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104
(c) City or town Crane
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1947 hour 7 minute 5 M.21. I hereby certify that I attended the deceased from Sept 1st
1947, to Sept 6th
that I last saw her alive on Sept 1st 1947
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral apoplexy Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operationsOf autopsy 83A

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?

While at work (Type of place) (e) Means of injury

23. Signature Edw. H. Thomas (M. D. or other) MDAddress Crane, Mo Date signed 9-11-473. (a) PRINT FULL NAME Cardy Elizabeth Carney

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

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

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

7. Birth date of deceased Sept 14 1881
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
65 11 22 hr. min.9. -Birthplace Barry Co. Mo
(City, town, or county) (State or foreign country)10. Usual occupation Home wife

11. Industry or business

12. Name Almon W. Wiley13. Birthplace Jehon
(City, town, or county) (State or foreign country)14. Maiden name Franklin15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Agnes H. Carney(b) Address Crane Mo17. (a) Buried (b) Date thereof 9/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crane Mo18. (a) Signature of funeral director Edw. H. Thomas(b) Address Crane Mo19. (a) 9/11/47 (b) Edw. H. Thomas
(Date received local registrar) (Registrar's signature)

SEP 24 1947

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

George H. Moulton

Licensed Embalmer No.

3827

P. O. Address

Cranston

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.