

FILED JAN 6 1947

Registration District No. **21**

Primary Registration District No. **3048**

Registrar's No. **285**

1. PLACE OF DEATH:
 (a) County **Nodaway**
 (b) City or town **Maryville, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 Days**
(Specify whether
 In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Nodaway**
 (c) City or town **Clearmont**
(If outside city or town limits, write "RURAL")
 (d) Street No. **None**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **None**

3. (a) PRINT FULL NAME **HENRY MILLS CRANE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **20**
 year **1947** hour **4** minute **40** A. M.

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

21. I hereby certify that I attended the deceased from **12/20**, 19**47**, to **12/20**, 19**47**, that I last saw him live on **12/19**, 19**47**, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

Immediate cause of death:
Cerebral hemorrhage
Paralysis of extremities
Due to embolus of middle cerebral artery
Prostate hypertrophy

6. (b) Name of husband or wife **Cordelia Crane** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **December 27, 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **11** Days **23**
If less than one day * * * * * hr. * * * * * min.

Duration **7 days**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

9. Birthplace **Roseville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **None**

12. Name **Sineus Bebout Crane**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Crane** 7
 (b) Address **Atchison, Kansas**

17. (a) **Burial** (b) Date thereof **12-21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clearmont Cemetery**
Pice Funeral Home
 (d) Signature of funeral director **Price Funeral Home**
 (b) Address **120 East 1st, Maryville, Mo.**

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 **P. F. P. local** (M. D. or other) **MD**
 Address Date signed **12/22/47**

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville - 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.