S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1027

Registration District No. 149 — Primary Registration District No. 1005 — Registrar's No. 228

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: 302 West 34th Street (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)
In this community: 37 years

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.: 302 West 34th Street (If rural, give location) 8 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. MARGARET M. CRANE
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: John Crane
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July 21 1862 (Month) (Day) (Year)
8. AGE: Years 85 Months ~~5~~ Days ~~13~~ 25 If less than one day ..... hr. ..... min.
9. Birthplace: Minersville Penn (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Patrick O'Donnell
13. Birthplace: Ireland (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name: Cannon
15. Birthplace: No record (City, town, or county) (State or foreign country) 9
16. (a) Informant: Miss Cecilia Crane
(b) Address: 302 West 34th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery
18. (a) Signature of funeral director: Quick & Robben Co
(b) Address: 20 West Linwood
19. (a) 1-17-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 14th day Jan year 1948 hour 7:10 minute A M.
21. I hereby certify that I attended the deceased from Jan. 1, 1945 to Jan 14, 1948, that I last saw her alive on Jan 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	3yrs
Due to: Coronary Sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 4 5 8	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (e) Means of injury
23. Signature: (M. D. or Coroner) Jos. Gaud K. Allen
Address: Date signed 1-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.