

No. 300
M-10-47
7-5-17-39
1 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

8647
State File No. _____
Registrar's No. 1107

FILED MAR 20 1948 49
Registration District No. _____

Primary Registration District No. 1002

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

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:
2817 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 63 years
(years, months or days)

3: (a) PRINT FULL NAME EDWARD J. CRANE
3: (b) If veteran, name war No
3: (c) Social Security No. 712-01-8438

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Crane
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 24 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 13 hr. _____ min.

9. Birthplace Kansas City, Missouri D
(City, town, or county) (State or foreign country)

10. Usual occupation Time Keeper

11. Industry or business Union Pacific--Railroad

12. Name John J. Crane 11

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

14. Maiden name Margaret O'Donnell

15. Birthplace Penn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Crane
(b) Address 2817 Madison

17. (a) Burial (b) Date thereof 3/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. H. Hobbs Co
(b) Address 20 West Linwood

19. (a) 3-11-48 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2817 Madison 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day March
year 1948 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from 2-1-45 19____ to 3-7-48 19____;
that I last saw him alive on 3-7-48 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive cardiovascular disease
Duration ?

Due to _____

Due to _____

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

Major findings: Of operations 93

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Galiam Owens (M. D. or other) _____

Address 9006 Grand KCMO Date signed 3-8-48

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.