

No. 2
11-10-39
1-17-39
K21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16861

FILED JUN 15 1948

Registration District No. 81

Primary Registration District No. 4293

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town ELSBERRY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Brown's Mill Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57

(c) City or town ELSBERRY
(If outside city or town limits, write "RURAL") 10

(d) Street No. Brown's Mill Road
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John James Crank

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20
year 1948 hour 11 minute 45 A.M.

4. Sex Male 0

5. Color or race W.

6. (a) Single widowed married, divorced 2

6. (b) Name of husband or wife MITTIE KITSON CRANK

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

7. Birth date of deceased: JULY 30 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MARCH 3, 1948, to MARCH 20, 1948; that I last saw him alive on MARCH 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY OCCLUSION 17 DAYS
Duration

8. AGE: Years 88 Months 7 Days 20
If less than one day hr. min.

Due to _____

Due to _____

9. Birthplace RICHMOND VIRGINIA
(City, town, or county) (State or foreign country)

Other conditions ARTERIO SCLEROSIS YEARS
(Include pregnancy within 3 months of death)

10. Usual occupation RETIRED

Major findings: GENERALIZED PHYSICIAN

11. Industry or business City of St. Louis - Park Dept.

12. Name JAMES H. CRANK

13. Birthplace SCOTLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN L. FERQUIN

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

Underline the cause to which death should be charged statistically.

Of operations _____

Of autopsy _____

16. (a) Informant EDWARD CRANK

(b) Address 710 N. 25th St. - E. St. Louis

22. If death was due to external causes, fill in the following:

17. (a) BURIAL (b) Date thereof 3-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

(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? _____

18. (a) Signature of funeral director Stalder & Suter

(b) Address ELSBERRY, Mo.

While at work? _____
(Specify type of place)

(e) Means of injury _____

19. (a) 4/11/48 (b) Mrs. L. Dwyer
(Date received local registrar) (Registrar's signature)

23. Signature E. O. Damron (M. D. or other) M.D.
Address ELSBERRY, MO Date signed 3/23/48

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

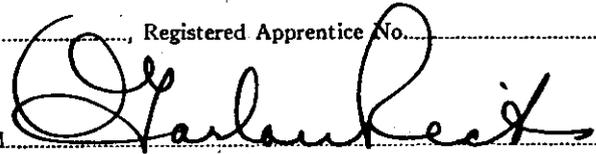
RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 14 1948

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.....



Licensed Embalmer No.....

4017

P. O. Address.....

Elsherry, 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, above space should be left blank.