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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1949
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1002

State File No. **40078**
Registrar's No. **5180**

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: General Hospital F.P.K.C. Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 HAS. 1/2
In this community 28 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Crane
3. (b) If veteran, name war NO
3. (c) Social Security No. 49830-0889

4. Sex MALE 5. Color or race NEGRO
6. (a) Single, married, divorced, widowed Married
6. (b) Name of husband or wife Lucile Charles 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased: 7-20-1896
(Month) (Day) (Year)

8. AGE: Years 52 Months 45 Days 29
If less than one day hr. min.

9. (a) Lawrenceville, Arkansas (City, town, or county) AR (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Master mechanic

12. Name John Crane

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

14. Maiden name Mary

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

16. Informant William Norman

17. Address 1123 E. Euclid Ave
Removal: (a) Date thereof: 13-28-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Brady Ave

19. (a) 12-21-48 (Date received local registrar) Steadline Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1123 E. Euclid Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 20
year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw Deputy Crane alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to Broncho-Pneumonia
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 101
Of autopsy No-Permit
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?
J. R. Williams (Specify type of place) While at work? (e) Means of injury
23. Signature J. Williams (M. D. or other) Address 2636 Broadway Date signed

12-21-48

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 *A. J. Harris, Sr.*
Licensed Embalmer No. 3388
P. O. Address K. C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

40078-48

State of Illinois }
County of Cook } ss.

State File No. _____
Local Registrar's No. 5180

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of January, 1949, before me appears Lucile Charles

Crane

, who, upon her oath, states that the original record of ^{birth} death

for Charles Crane died December 20, 1948, in the State of
Missouri, and which was filed at Kansas City on Dec. 21, 1948, should be corrected as follows:

Item No. 6a should read Married

Instead of Widowed

Item No. 6b should read Lucile Charles Crane

Instead of Mattie

Item No. 6c should read 49

Instead of - -

Item No. 9 should read St. Louis, Missouri

Instead of Texarkana, Arkansas

Item No. 10 should read Master Mechanic

Instead of Truck driver

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Lucile Charles Crane Relationship. Wife

5818 So. Parkway, Chicago,
Present Address. Ill.

Subscribed and sworn to before me this 8th day of January, 1949.

My Commission expires November 15-1951 Edward R. Stewart Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-40078