

S. No. 300
M-10-47
v. 5-17-39.
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40718
Registrar's No. 169

FILED JAN 19 1949

Registration District No. _____

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
605 1/2 Webster Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 years, months or days)

3. (a) PRINT FULL NAME William Sherman Cranmer

3. (b) If veteran, name war WW I

3. (c) Social Security No. 497-12-0071

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Friley

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 8 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 3 23 hr. _____ min.

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

10. Usual occupation Roofing Contractor

11. Industry or business _____

12. Name Ock Cranmer

13. Birthplace New London, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Wilson

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

16. (a) Informant Mrs. Sherman Cranmer

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 1-3-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Jan 13 1949 (b) Frances B. Nease
(Date received) (Local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 605 1/2 Webster Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1948 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Mar. 1 48
1948 to Dec. 31 48
that I last saw him alive on Dec 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Parvinaemia of pancreas

Duration 2 yrs

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy H.P.

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? _____

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

23. Signature Joseph Conrad (M. D. or other) M.D.
Address Chillicothe, Mo Date signed Jan 3 49

MAR 24 1949

JAN 1 1949

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... Elton Rowan

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.