

State File No. **4689**

FILED MAR 3 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 44

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY	Henry	a. STATE	Missouri
b. CITY (If outside corporate limits, write RURAL and give township)	Clinton Mo	b. COUNTY	Henry
c. LENGTH OF STAY (in this place)	12 da	c. CITY (If outside corporate limits, write RURAL and give township)	Deep Water Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION	Ureter Hospital	d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ELIZABETH	SPENCER	CRANE		FEB	19	1944

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 15 - 1874	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 2	IF UNDER 1 YEAR Hours 2	IF UNDER 1 YEAR Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	<del>Unknown</del>	Unknown	USA

13a. FATHER'S NAME <i>John E. Crane</i>	13b. MOTHER'S MAIDEN NAME <i>Mary E. Crane</i>	14. NAME OF HUSBAND OR WIFE <i>Frank E. Crane</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>new</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Raymond Spencer</i>	ADDRESS <i>Kansas City, Mo</i>
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<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p><u>                    </u></p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u></p> <hr/> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>acute myocarditis</u></p> <hr/> <p>DUE TO (c) <u>                    </u></p> <hr/> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="right"><u>1501</u></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>                    </p> <p>                    </p> <p>                    </p>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
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21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
				m.		

22. I hereby certify that I attended the deceased from February 1, 1949, to Feb. 19, 1949, that I last saw the deceased alive on Feb. 19, 1949, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. L. Watson</i>	(Degree or title) <i>- 2</i>	23b. ADDRESS <i>Clinton, Mo</i>	23c. DATE SIGNED <i>Feb 19 1944</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 23 - 49	Forest Hill Cem	Kansas City Mo

DATE REC'D BY LOCAL REG <i>Feb 20-88</i>	REGISTRAR'S SIGNATURE <i>R. R. Kenney</i>	120	25. FUNERAL DIRECTOR'S SIGNATURE <i>Tom West Funeral Home</i>	ADDRESS
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Licensed Embalmer's Statement on Reverse Side

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

RECEIVED  
District Health Officer N  
District File Number 2-4-9  
Date Filed 3-2-48

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2782

P. O. Address Des Moines, Ia

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.