

No. 300  
10. 48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

913

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 3

1. PLACE OF DEATH  
 a. COUNTY Harrison  
 b. CITY OR TOWN Bethany  
 c. LENGTH OF STAY (in this place) 8 Hours  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Red Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Harrison  
 c. CITY OR TOWN Martinsville Dallas Township  
 d. STREET ADDRESS West part of Martinsville

3. NAME OF DECEASED  
 a. (First) Julia b. (Middle) Francis c. (Last) Crane

4. DATE OF DEATH (Month) (Day) (Year)  
Jan 3 1950

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
W

8. DATE OF BIRTH May 20 1875

9. AGE (in years) (Months) (Days)  
74 5 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Tanner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Harrison County MO

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
Samuel Vanhoozer

13b. MOTHER'S MAIDEN NAME  
Sarah Katharine Cravers

14. NAME OF HUSBAND OR WIFE  
William Crane Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
-

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Anna Vanhoozer Martinsville MO

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Two thirds of Body Covered by 2nd degree Burns  
 ANTECEDENT CAUSES (b) Chronic Valvular heart disease  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
89160  
16

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Martinsville Harrison, MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
Clothes caught fire from stove

22. I hereby certify that I attended the deceased from Jan 3 1950 to Jan 3 1950, that I last saw the deceased alive on Jan 3 1950, and that death occurred at 9:45 pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
D. G. Meid D.D. 2

23b. ADDRESS  
Bethany, MO

23c. DATE SIGNED  
1-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
Jan 5 1950

24c. NAME OF CEMETERY OR CREMATORY  
Carter Cemetery

24d. LOCATION (City, town, or county) (State)  
Gentry County MO

DATE REC'D BY LOCAL REG.  
Jan 20-50

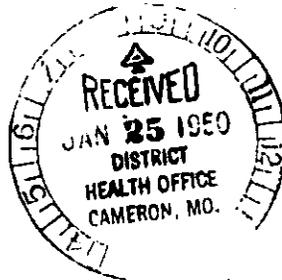
REGISTRAR'S SIGNATURE  
Zola Burris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
W & Noble New Hampton Mo

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

411  
0

JAN 11 1950



**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 me

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

working under my personal supervision.

Signed W. H. Noble

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

Licensed Embalmer No. 2904

P. O. Address New Hampton, 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.