

FILED FEB 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. 2689
559
Registrar's No. 0559

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY OR TOWN ST LOUIS		c. CITY OR TOWN St Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2324 Whittemore		e. STREET ADDRESS (If rural, give location) 2324 Whittemore	
3. NAME OF DECEASED (Type or Print) a. (First) VERNA b. (Middle) c. (Last) CRANFORD		4. DATE OF DEATH (Month) (Day) (Year) 1-17-52	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH: NOV-5-1911
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	11. BIRTHPLACE (State or foreign country) Portageville Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Clarence Forbes		13b. MOTHER'S MAIDEN NAME Maudie	14. NAME OF HUSBAND OR WIFE ymans James Cranford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
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? 321X	
22. I hereby certify that I attended the deceased from 1-15-1951, to 1-17, 1952, that I last saw the deceased alive on 1-17-1952, and that death occurred at 9:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Geo. A. Seib (Degree or title)		23b. ADDRESS 2323 Lafayette St Louis	23c. DATE SIGNED 1/17/52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1-18-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Portageville Mo
DATE REC'D BY LOCAL REG. JAN 18 1952	REGISTRAR'S SIGNATURE Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin 2301 Lafayette	

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

FEB 4 1957

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.

Student
Student Embalmer

Signed

N. G. Farris

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

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.