

11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43396
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 2 318
 (b) Township _____ Primary Registration District No. 2001 Registered No. 926
 (c) City Springfield Mo. (d) Street No. 2104 N. Missouri St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew J. Crandall
 (a) Residence, No. 2104 N. Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Crandall (or) WIFE OF _____
 6. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 89 6 2
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craig Co., New York State
 FATHER
 13. NAME John R. Crandall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State
 MOTHER
 15. MAIDEN NAME Ann Scott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State
 17. INFORMANT John B. Crandall (ADDRESS) 117 Vernon Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cur. DATE 12-24-1939
 19. FUNERAL DIRECTOR Morris & Toman (ADDRESS) Mellen Mo.
 20. FILED 12/22 1939 Chas. A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21-1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1939, to 12-21, 1939
 I last saw him alive on 12-21, 1939 Death is said to have occurred on the date stated above, at 9⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary artery occlusion (12-21-39)
Arterio-sclerosis?
 Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Arthur O. Knapp M. D.
 (Signed) _____ (Address) 450 1/2 E. Canal St. Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

X