

RECORDED NOV 21 1938

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

36173
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 481
 (b) Township Lutbelle Primary Registration District No. 5643B Registered No. 10
 (c) City _____ (d) Street No. _____ 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

653 Lydia Ann Crandall
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B Crandall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 4 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1938
 22. I HEREBY CERTIFY That I attended deceased from Oct 8, 1938 to Nov 9, 1938
 I last saw her alive on Oct 28, 1938. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Paremsioner of Stomach and Esophagus
 Date of onset months

Other contributory causes of importance: Serubity and a mental strain
Year

Name of operation none Date of _____
 What test confirmed diagnosis? None 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 _____
 (Signed) Harry L. M. Brocken
434 (Address) Lewisston Mo. 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County Missouri

FATHER 13. NAME George W. Hinkley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Agnes Deuced

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewisston Mo

17. INFORMANT (ADDRESS) James B Crandall Lewisston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewisston Mo DATE Nov 5 1938

19. FUNERAL DIRECTOR (ADDRESS) James A. Coder Lewisston Mo

20. FILED 11/4 1938 James A. Coder Local Registrar.

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.

46

RECEIVED

District Health Officer No. 10

District File Number 10-38-460

Date Filed 11-19-38

STATEMENT BY LICENSED EMBALMER

I, James A. Corder, Licensed Embalmer No. 2532

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed James A. Corder
Licensed Embalmer No. 2532

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

36173
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (d) Street No.
 (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

(a) Residence, No. Lydia A. Crandall St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 14

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)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach
and Esophagus
originating at the
cardiac valve of stomach.
 Other contributory causes of importance:
Senility and a yes
mental strain
 Date of onset 46

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify

(Signed) Harry E. Cracker, M.D.

(Address) Lewistown 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENT

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and anomalies in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the auditor in the process. It explains that the auditor's primary responsibility is to provide an independent and objective assessment of the financial statements. It also discusses the various types of audits that can be performed, and the importance of maintaining confidentiality and integrity throughout the process.

4. The fourth part of the document discusses the importance of communication in the auditing process. It explains that clear and concise communication is essential for the auditor to effectively convey their findings to the client and to the public. It also discusses the importance of maintaining a professional and ethical standard throughout the process.

5. The fifth part of the document discusses the various challenges that auditors face in their work. It explains that auditors must be able to identify and assess the risks associated with their work, and they must be able to communicate their findings effectively to the client and to the public. It also discusses the importance of maintaining a professional and ethical standard throughout the process.

6. The sixth part of the document discusses the various ways in which auditors can improve their work. It explains that auditors should regularly update their skills and knowledge, and they should seek out opportunities for professional development. It also discusses the importance of maintaining a professional and ethical standard throughout the process.

7. The seventh part of the document discusses the various ways in which auditors can contribute to the public good. It explains that auditors play a vital role in ensuring the integrity of the financial system, and they can help to prevent and detect fraud. It also discusses the importance of maintaining a professional and ethical standard throughout the process.

8. The eighth part of the document discusses the various ways in which auditors can improve their work. It explains that auditors should regularly update their skills and knowledge, and they should seek out opportunities for professional development. It also discusses the importance of maintaining a professional and ethical standard throughout the process.

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