

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.

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

39105  
Do not use this space.

1. PLACE OF DEATH **Buchanan** / Registration District No. **85**  
 (a) County..... / Primary Registration District No. **1001**  
 (b) Township..... or **St. Joseph** / Missouri Methodist Hospt. Registered No. **1239**  
 (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 **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Albert Grandell**  
 (a) Residence, No. **729 Harmon St.** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Pearl D. Crandell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 26, 1890**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<b>49</b>	<b>8</b>	<b>4</b>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Butcher**

9. Industry or business in which work was done, as saw mill, bank, etc. **Swift & Co.**

10. Date deceased last worked at this occupation (month and year) **Nov. 1939** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Waterville** / (STATE OR COUNTRY) **Kansas**

FATHER

13. NAME **John W. Crandell**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** / (STATE OR COUNTRY) **England**

MOTHER

15. MAIDEN NAME **Mary Preist**

15. BIRTHPLACE (CITY OR TOWN) **Waterville** / (STATE OR COUNTRY) **Kansas**

17. INFORMANT (ADDRESS) **Mr. Elwin J. Crandell** / **729 Harmon St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt Auburn Cem.** DATE **Dec. 4, 1939**

19. FUNERAL DIRECTOR (NAME) **Clark Mortuary** / (ADDRESS) **5025 King Hill Ave**

20. FILED **12/4 1939** **AG Neethling** / Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 30, 1939** 19

22. I HEREBY CERTIFY, That I attended deceased from **11-26-1939** to **11-30-1939**  
 I last saw him... alive on **11-29-1939**... Death is said to have occurred on the date stated above, at **1:30 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
**1939 Pneumonia, lobar.** Date of onset **11-26-39**  
**Fracture of ribs**  
**Contusion of chest**  
 Other contributory causes of importance: **11-26-39**  
 Name of operation **none** Date of **11-26-39**  
 What test confirmed diagnosis? **Cluette** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **beat** Date of Injury **11-26-1939**  
 Where did injury occur? **Platte County, Mo.** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. **Highway**

Manner of injury **with callipers**  
 Nature of injury **Crushed chest**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify (Signed) **Paul Ferguson**, M. D. (Address) **St. Joseph, Mo.**

**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, ~~Nov.~~ **Nov.** 30, 193

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Emil Clark*

Licensed Embalmer No. 3476

P. O. Address **St. Joseph, 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, above space should be left blank.**