S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3891

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 90

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 203 West Broadway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 7

(d) Street No. 203 West Broadway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Arthur L. Crandall

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ****

6. (c) Age of husband or wife if alive *** years

7. Birth date of deceased October 28, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	3	13	hr. min.

9. Birthplace Sedalia, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Formerly operated real estate business

FATHER
12. Name O.A. Crandall
13. Birthplace Syracuse, New York /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Kidd
15. Birthplace Columbia, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Crandall (sister)
(b) Address 203 West Broadway, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-44
(Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Ewing Funeral Home
(b) Address Sedalia, Missouri

19. (a) 1/13/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1944 hour 11:45 minute PM M.

21. I hereby certify that I attended the deceased from Didn't treat him 19 He died before that I last saw him alive on 19 His case was diagnosed 10 yr. ago in Kansas City As a heart ailment that they usually didn't live over 5 years. He had had Angina Pectoris 3 times during the last 18 months. Coronary Obstruction

Immediate cause of death ____ Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. E. Bess (M. D. or other)
Address Sedalia Mo. Date signed 1-12-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-7-44

MAR 16 1944

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

Signed John E. Myers
Licensed Embalmer No. 3220
P. O. Address Sedalia, 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.