No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41702

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 622

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: 619 Market Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")

(d) Street No. 619 Market Street 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DALTON P. CRANDALL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Katie Griffith

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 20, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace St. Catherine, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business

FATHER
12. Name Samuel Crandall
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angella Hill
15. Birthplace Michigan /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Crandall
(b) Address Brookfield, Mo.

17. (a) Burial (b) Date thereof Dec. 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Rusk Funeral Home
(b) Address Brookfield, Mo.

19. (a) 12/26/45 (b) Evelyn Kelley, Deputy
(Date received local registrar) (Registrar's signature)

1468

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1945 hour 12 minute 35 a M.

21. I hereby certify that I attended the deceased from Feb 5, 1937, to Dec 12, 1945;
that I last saw him alive on Dec 12, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	1 sgn.
Due to: Mania	2 ok
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1318

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 0

23. Signature R. M. Haley (M. D. or other) MD
Address Brookfield Mo. Date signed 12.26.45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 Harold B. Wright

Licensed Embalmer No. 8718

P. O. Address Brookfield, 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.