S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29909

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 64

1. PLACE OF DEATH:

(a) County DENT

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

(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 45 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT 33

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

(d) Street No. — (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME PEARL BETHANA CRANDELL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife OTIS CRANDELL

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased MARCH (Month) 19 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	5	24	hr. min.

9. Birthplace DENT COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business —

FATHER
12. Name J.F. GOCHER
13. Birthplace DENT COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name NANNIE SMITH
15. Birthplace TEXAS COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. N. Johns

(b) Address SALEM, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 15, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation JADWIN

18. (a) Signature of funeral director Hobson & Grantham

(b) Address SALEM, MO.

19. (a) 9-15-46 (Date received local registrar) (b) M. M. Hart, M.D. by MEG (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 13 year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1939 (intermittently), 19__, to 9-13-46, 19__; that I last saw her alive on 9-13-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death idiopathic psychoses

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: only 24 hrs to my personal knowledge

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 Jas D McLeod (M. D. or other) D.O.

Address Salem, MO Date signed 9-14-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 946521
Date Filed 9-26-46

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Salem, 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.