No. 2
-1/47
5-1-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 29 1948
Registration District No. 2 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44543

Primary Registration District No. 3056

Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ( ) (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. Woodland Hospital 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Howard Stephen Crandall
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced S ( )
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 30 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
		2	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)
10. Usual occupation ✓
11. Industry or business .....
FATHER
12. Name Homer Crandall
13. Birthplace ..... (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mildred Ferpenning
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)
16. (a) Informant Homer Crandall
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) 1-5-47 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 2 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th
year 1947 hour 10 minute A M.
21. I hereby certify that I attended the deceased from Birth
..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to Congenital heart	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 15 YE	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Robert H Young (M. D. or other)
Address Moberly Mo Date signed 12-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 1481
Date Filed JAN 27 1948

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 Not Embalmed

Licensed Embalmer No. .....

P. O. Address .....

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.