

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3810 Prospect /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 Years**
years, months or days

3. (a) PRINT FULL NAME **George Ellsworth Crandal**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Birdie Crandal** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **June 13, 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 **8** **25** hr. min.

9. Birthplace **New Berlin New York /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business

MOTHER FATHER {
12. Name **George Crandal**
13. Birthplace **New York /**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Rider**
15. Birthplace **Wisconsin /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Birdie Crandal**
(b) Address **3810 Prospect**

17. (a) **Burial** (b) Date thereof **3-11-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **Kansas City, Missouri**

19. (a) **3-10-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3810 Prospect** **3**
(If rural, give location)
(e) 'Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8th.**
year **1948** hour **10** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **MAR 6** to **MAR 8**, 19**48**
that I last saw h. l. a. alive on **MAR 6** and that death occurred on the date and hour stated above. **19.48**

Immediate cause of death **CORONARY SCLEROSIS** Duration **WKS.**

Due to _____

Due to **CEREBRAL ARTERIO SCLEROSIS** **YRS.**

Other conditions **ARTERIO SCLEROSIS**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **932**
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? **no**

While at work? _____ (Specify type of place) (e) Means of injury **MI**
23. Signature **W. J. ...** (M. D. or other)
Address **...**

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

Dr. Quistgard
6940 Prospect
Ja 4793

1-4-1933

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 Dean Owens

Licensed Embalmer No. 4280
P. O. Address 918 Brooklyn
K. C., 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.