No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 32032

Primary Registration District No. 1000

Registrar's No. 1085

**1. PLACE OF DEATH:**

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 810 So. 11th St.
(If not in hospital or institution, write street number or location)

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

In this community: 37 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 810 So. 11th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Albert J. Crandall

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: Phebe V. Crandall

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: June 10 1878 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 28 If less than one day ... hr. ... min.

9. Birthplace: Fort Dodge (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Retired Postal Clerk

11. Industry or business: Postal Department

MOTHER FATHER

12. Name: William B. Crandall

13. Birthplace: Syracuse (City, town, or county) New York (State or foreign country)

14. Maiden name: Lucina Porter

15. Birthplace: Syracuse (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs. Phebe V. Force

(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/11/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) 10-15-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 8 year 1948 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Viewed Oct 9th, 1948 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: Coronary Occlusion | |
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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: B. W. Tadlock (M. D. or other) Coroner

Address: KING HILL BLDG Date signed: 10/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

NOV 30 1948

OCT 27 1948

MAR 7 1949

OCT 18 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 William Spaeling

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St Joseph,

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.