S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1949

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 39822

Registrar's No. 1124

39
2
6

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
O'Reilly V.A. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo. 28 days (Specify whether years, months or days)
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 1435 E. Central
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CRYDERMAN, John M.

3. (b) If veteran, name war WW One

3. (c) Social Security No. 491-01-3066

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Elsie E. Cryderman

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased 2-10-91 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	10	19	hr. min.

9. Birthplace Petoski, Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Stationery boiler fireman

11. Industry or business

MOTHER FATHER

12. Name Jefferson W. Cryderman

13. Birthplace Michigan (City, town, or county) (State or foreign country)

14. Maiden name Elvira Shearel

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Recordss

(b) Address VAH, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation McKinley, Missouri

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-30-48 (Date received local registrar) (b) M E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28 year 1948 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from 8-30-, 1948, to 12-28-48, 19__; that I last saw him alive on 12-28-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxemia	
Due to Chronic osteomyelitis, with abscesses of soft tissue	
Due to Chronic abscess of prostate gland	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same as above.

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 PAUL L. EISELE M.D. (M. D. or other)

Address VAH, Springfield, Mo. Date signed 12-28-48

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1949

JAN 18 1949

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 Glenn A. Hunter, Registered Apprentice No. 291, working under my personal supervision.

Signed L. Darlin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.