

FILED APR 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10946

State File No. ....

BIRTH NO. 27 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4415 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLARKSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2610 LACLEDE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FOUND IN MISSISSIPPI RIVER</u>			

3. NAME OF DECEASED a. (First) <u>ROSCOE</u> (Type or Print)			b. (Middle) <u>MONTGOMERY</u>			c. (Last) <u>ERANDALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 2 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>2-8-1898</u>		AGE (In years last birthday) <u>55</u>		9. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>				11. BIRTHPLACE (State or foreign country) <u>Schwarzenau, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Charles E. Erandall</u>		13b. MOTHER'S MAIDEN NAME <u>Kath E. Snell</u>		14. NAME OF HUSBAND OR WIFE <u>Bertie Carl</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>44-3-07-1865</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira E. Winn</u> ADDRESS <u>2610 Laclede, Marion, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <u>Asphyxiation</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Jumped from bridge at Hannibal, Mo.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E975X</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on April 2, 1953, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ira E. Winn</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Bowling Green, Mo.</u>		23c. DATE SIGNED <u>April 2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
DATE REC'D BY LOCAL REG. <u>4-9-53</u>		REGISTRAR'S SIGNATURE <u>Rula Reebol</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wright Funeral Home</u> ADDRESS <u>Hannibal, Mo</u>	

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

8203

MAY 1 1953

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No..... *W.F. Embel*

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 10946

State of Missouri }  
County of Marion } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 29 day of April, 1953, before me appears

Mrs. Lennabelle Winn, who, upon her oath, states that the original record of <sup>birth</sup> death for Roscoe M. Crandall, died ~~born~~ February 2, 1953, in the State of Missouri, and which was filed at Clarksville Mo. on April 3, 1953, should be corrected as follows:

Item No. 8 should read February 7, 1881

Instead of April 8, 1898

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Lennabelle Winn Daughter Relationship.

2610 Laclede Hannibal Mo. Present Address.

Subscribed and sworn to before me this 29 day of April, 1953.

My Commission expires September 30 - 1954 Celia Louise Woodgdon Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

