

Register of Deaths

Town in the Village of Albion, County of Orleans, State of New York

NAME OF HOSPITAL OR INSTITUTION: <u>Arnold Gregory Memorial</u>		b. LENGTH OF STAY IN TOWN: <u>60 yrs.</u>		Registered No. <u>38</u>	
2. Usual residence of deceased: State <u>New York</u> County <u>Orleans</u> Town <u>Albion</u> City or Village <u>Albion</u>					
Is residence within its corporate limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) <u>FRANK CRANE (KANIECKI)</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 18 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
9. DATE OF BIRTH <u>10/3/1888</u>		10. AGE Years <u>68</u>		8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Rose Romanowski</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13b. KIND OF BUSINESS OR INDUSTRY <u>Canning Plant</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steam Fitter</u>			13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
14. FATHER'S NAME <u>Anthony Crane</u>			15. MOTHER'S MAIDEN NAME <u>Mary Jolowski</u>		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. SOCIAL SECURITY NO. <u>106-16-1441</u>		18. INFORMANT'S NAME <u>Chas. D. Crane, Albion, N.Y.</u>	
17. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			(A) DUE TO <u>Myocardial decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(B) DUE TO <u>Chronic myocarditis</u>		<u>?</u>
ANTECEDENT CAUSES			(C) DUE TO		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.					
II OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.					
20a. DATE OF OPERATION		20b. MAJOR FINDINGS OF OPERATION			21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		22c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
22d. TIME OF INJURY (Month) (Day) (Year) (Hour)		22e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		22f. HOW DID INJURY OCCUR?	
23. I hereby certify that I attended the deceased from <u>4/16</u> , 19 <u>57</u> , to <u>4/18</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4/17</u> , 19 <u>57</u> , and that death occurred at <u>3:24 a.m.</u> , from the causes and on the date stated above.					
24a. SIGNATURE <u>David G. Porter M. D.</u>		24b. ADDRESS <u>Albion, N.Y.</u>		24c. DATE SIGNED <u>4/18 1957</u>	
25a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>St. Joseph's Albion, N.Y.</u>		25b. DATE <u>4/22 1957</u>		26a. UNDERTAKER'S SIGNATURE <u>Ray J. Merrill</u> REGISTRATION NO. <u>B-02857</u>	
27. DATE FILED BY LOCAL REG. <u>4/19 1957</u>		28. REGISTRAR'S SIGNATURE <u>James C. Huggins</u>		26b. UNDERTAKER'S ADDRESS <u>J. B. Merrill & Son, Albion, N.Y.</u>	