

Transit } Permit issued by Leonard J. Rice Date of issue 9/30 19 59

NAME OF HOSPITAL OR INSTITUTION Arnold Gregory Memorial b. LENGTH OF STAY IN TOWN, CITY OR VILLAGE 10 yrs. Registered No. 74
2. Usual residence of deceased: State New York County Orleans Town Quincy City or Village Albion
Is residence within its corporate limits? YES NO STREET ADDRESS 534 Denmore St.

3. NAME OF DECEASED (Type or Print) ROSE DANIELS CRANE (KANIECKI) 4. DATE OF DEATH (Month) 9 (Day) 28 (Year) 1959

5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Frank Crane

9. DATE OF BIRTH 5/29/1886 10. AGE Years 73 11. BIRTHPLACE (State or foreign country) Poland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13b. KIND OF BUSINESS OR INDUSTRY Own home

14. FATHER'S NAME John Komanski 15. MOTHER'S MAIDEN NAME Anna Sypanski

16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no 17. SOCIAL SECURITY NO. 116-01-1739 18. INFORMANT'S NAME ADDRESS Mrs. Owen Preet, Albion, N.Y.

19. CAUSE OF DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) Coronary occlusion
(B) Arteriosclerotic heart disease
(C) _____
II OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it. Influenza

20a. DATE OF OPERATION _____ 20b. MAJOR FINDINGS OF OPERATION _____ 21. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY _____ 22e. INJURY OCCURRED While at Work Not While at Work 22f. HOW DID INJURY OCCUR? _____

23. I hereby certify that I attended the deceased from 12/4, 1956, to 9/28, 1959, that I last saw the deceased alive on 9/28, 1959, and that death occurred at 11 P.m., from the causes and on the date stated above.

24a. SIGNATURE S. A. Dispensa M. D. 24b. ADDRESS Albion N.Y. 24c. DATE SIGNED 9/30 1959

25a. PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph's Cem. Albion N.Y. 25b. DATE 10/2 1959 26a. UNDERTAKER'S SIGNATURE John B. Merrill REGISTRATION NO. C04901

27. DATE FILED BY LOCAL REG. 10/1 1959 28. REGISTRAR'S SIGNATURE Leonard J. Rice 29. UNDERTAKER'S ADDRESS Merrill-Grissell Inc. Albion, N.Y.

Burial or Transit } Permit issued by Leonard J. Rice Date of issue 10/1 19 59

MEDICAL CERTIFICATION

Grand