REG'D APR 13 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

9991
Do not use this space.

1. PLACE OF DEATH
(a) County Bollinger — Registration District No. 66
(b) Township Lorance — Primary Registration District No. 4038
(c) City Lutesville — (d) Street No. ____ St. — Registered No. 216
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Marsella Croft
(a) Residence, No. Lutesville St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Richard M. Croft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1871

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 67 | 4 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Co.

FATHER
13. NAME Oliver Snider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Co.

MOTHER
15. MAIDEN NAME Mary Leslie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Co.

17. INFORMANT Richard E. Croft
(ADDRESS) Glen Allen

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker Cem. DATE April 7th 1939

19. FUNERAL DIRECTOR (NAME) Baker Funeral Home
(ADDRESS) Lutesville, Mo. By H. Graham

20. FILED Apr. 7 1939 Mo. Willis H. Davis Ambaugh Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 6th 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/1/39, 19..., to 4/6/39, 19... I last saw he r alive on 4/6/39, 19... Death is said to have occurred on the date stated above, at 12:25 A m.
The principal cause of death and related causes of importance were as follows:

Diabetic Coma — Date of onset 4/6/39
54

Other contributory causes of importance:
Hypertonia

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence); fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19...
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) John M. Glynn, M. D.
(Address) Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
9-10

## 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, .....

Thomas E. Graham, or by .....,

Registered Apprentice No. ....., working under my personal supervision.

Signed. Thomas E Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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, above space should be left blank.**