

RECD MAY 19 1939

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

15051
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 39/1
 (b) Township Decades Primary Registration District No. 4230 Registered No. 23
 (c) City Ironton (d) Street No. St. Marys Hospital St.
 (If death occurred in Hospital or Institution, give its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Benjamin Crocker

(a) Residence, No. Graniteville, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Crocker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 15

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. Quarryman
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County, Mo.

13. NAME Allen Crocker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County, Mo

15. MAIDEN NAME Jane Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County, Mo

17. INFORMANT Mrs. Benjamin Crocker
 (ADDRESS) Graniteville, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue, Mo. DATE April 17, 1939

19. FUNERAL DIRECTOR (NAME) Norman White & Sons
 (ADDRESS) Ironton, Mo.

20. FILED Apr 18 19 39 Ra Rasche (Address) Ironton, Mo.
 Local Registrar. 553

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to April 16, 1939

I last saw h. live alive on April 16, 1939 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic

Date of onset 1937

Other contributory causes of importance:

Bronchial Asthma
Chronic Bronchitis

Name of operation no Date of.....

What test confirmed diagnosis? Phys Exam there an autopsy? no

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? Yes
 If so, specify Exposure to granite dust

(Signed) Bruce Bull, M. D.
Ironton, Mo.

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.

I X 16603

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

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.