

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

32666
Do not use this space.

49
7
5

DEPT OCT 1 1939

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Galena Primary Registration District No. 2002
 (c) City Joplin (d) Street No. St. Johns Hospital Registered No. _____
 (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 620 Charles Walter Crooks
 (a) Residence, No. Pierce City Mo. St. Pierce City, Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances M. Crooks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>74</u>	<u>10</u>	<u>2</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired lawyer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 / 39, 19

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939, to Sept 8, 1939
 I last saw him alive on Sept 7, 1939. Death is said to have occurred on the date stated above, at 2 P m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Rectum
 Date of onset Jan 1939 (7)

Other contributory causes of importance: _____

Name of operation Burial Date of Sept 10-39
 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) Walter M. Niemeyer, M. D.
 (Address) Pierce City, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. C.W. Crooks
Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL Pierce City Cemetery DATE Sept. 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Victor O. Niemeyer
Pierce City Mo.

20. FILED 9-11-39 Ed J. Jones
 Local Registrar.

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.

RECEIVED

District Health Officer No. 6,

District No. 1039-2040

Date Filed OCT 10 1939

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 me

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Victor O. Hernandez

Licensed Embalmer No. 3822

P. O. Address Luice City, N.M.

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.