

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.

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

1681
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township..... Primary Registration District No. 1001 Registered No. 12
(c) City St. Joseph, (d) Street No. 1221 Prospect Avenue, St.
(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 84 yrs. 9 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Crooks,
(a) Residence, No. 1221 Prospect Avenue, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri, 0

FATHER 13. NAME John Baker, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England, 1

MOTHER 15. MAIDEN NAME Unknown, 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England, 1

17. INFORMANT (ADDRESS) Louis Crooks,
1221 Prospect Avenue,

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE Jan'y, 6th, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton - B. Gal. & Bowers, Funeral
319 So. 10th. Str. St. Joseph

20. FILED Jan 5 1940 H. J. Neustel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1939 to Jan 4th 1940
I last saw her alive on Jan 4th 1940 Death is said to have occurred on the date stated above, at 1:07 p.m.
The principal cause of death and related causes of importance were as follows:
Fracture of neck of left femur 12/25/39
Fall on kitchen floor 1939

Other contributory causes of importance:
Fall on kitchen floor

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 12-25-1939
Where did injury occur? St. Joseph, Mo. Her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Fell on kitchen floor
Nature of injury Fracture of neck of left femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Percei Beck, M. D.
(Address) King Hill, Mo.
St. Joseph, Mo.

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, 1-4-47

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

Signed W. E. Summerfield

Licensed Embalmer No. 3067

P. O. Address 319 S. 10 St. Joseph

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.