

BUREAU OF THE CENSUS
APR 18 1940

Registration District No. 264

Primary Registration District No. 2367

Registrar's No.

32

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Del. Ralb. Hunt Mo.
(b) City or town Fairport
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 299
(Specify whether _____)
In this community _____
years, months or days 1 3 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Del. Ralb.
(c) City or town Fairport
(If outside city or town limit, write "RURAL") _____
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23
year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 12 1940, to March 23 1940,
that I last saw her alive on March 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Jan 12 1940

Due to Chronic myocarditis 3 yrs.

Due to Thyroiditis 30 yrs.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Nancy Ada Crocker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Phoghoer B. Crocker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 13 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Balesville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Agedays Stephens

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Rogers

15. Birthplace Unknown 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ray Pittenbergh

(b) Address Fairport Mo.

17. (a) Burial (b) Date thereof 3-25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairport Mo.

18. (a) Signature of funeral director R. H. Taggart
(b) Address King City Mo.

19. (a) 3-25-1940 (b) Mrs. Neesler
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2
20
While at work _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Clara D. ... (M. D. _____)
Address Mayfield, Mo. Date signed 3/24/40

RECEIVED
District Health Officer No. 11,
District File Number 440-561
Date Filed APR 13 1940

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, ~~city~~

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

Signed R. G. Taggart

Licensed Embalmer No. 2563-

P. O. Address King City Pa

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.