No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17895

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 537

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

**1. PLACE OF DEATH:**

(a) County Buchanan, 2

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1120 East Highland Avenue, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 55 years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan,

(c) City or town Saint Joseph, (If outside city or town limits write "RURAL")

(d) Street No. 1120 East Highland Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harry Crooks, 620

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-3399

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie P. Crooks,

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 12, 1884 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 5 | 28 | hr. min. |

9. Birthplace Saint Joseph, (City, town, or county) Missouri, (State or foreign country) 0

10. Usual occupation Leather Worker, 4

11. Industry or business Hardware 1

FATHER
12. Name Henry C. Crooks, 0
13. Birthplace Nottingham, (City, town, or county) England, (State or foreign country)

MOTHER
14. Maiden name Susan Baker,
15. Birthplace Saint Joseph, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Mrs. Harry Crooks

(b) Address 1120 E. Highland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery, Kearny

18. (a) Signature of funeral director Bowman Funeral Home

(b) Address 319 So. 10th Str.

19. (a) 5/13/40 (Date received local registrar) (b) H. J. Westhaus (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 10th. year 1940 hour 2:00 minute 10 p M.

21. I hereby certify that I attended the deceased from 5-10-40, 19__, to 5-10-, 1940; that I last saw him alive on — , 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to 34

Other conditions Cardiac Hypertrophy (Include pregnancy within 3 months of death) Lues

Major findings: Of operations ✓

Of autopsy yes

Duration: Sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

85 While at work? no (e) Means of injury none

23. Signature W. E. Grimes (M. D. or other) 1

Address St Joseph Mo Date signed 5/11/40

(Licensed Embalmer's Statement on Reverse Side)

**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 Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**