FILED JUN 4 1940

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

19002
Do not use this space.

1. PLACE OF DEATH
(a) County Mercer County 3 Registration District No. 556
(b) Township Morgan Primary Registration District No. 5750 Registered No. 28
(c) City Princeton, Mo (d) Street No. County Poor Farm + Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 426 George E. Hallcroft
(a) Residence, No. Princeton Mo O R St. FD #2
(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 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1851
7. AGE YEARS 88 MONTHS 7 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Burlington Iowa

FATHER
13. NAME Barbara Hallcroft
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) William P. Hallcroft Mercer, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cem DATE May 30, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Noel Moss Princeton Mo
20. FILED 5/29 1940 J M Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1940
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1940, to May 28, 1940
I last saw her alive on May 28, 1940 Death is said to have occurred on the date stated above, at 5 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion Coronary arteries -	5/28-40
121	
Other contributory causes of importance: Chronic Interstitial Nephritis	5/10-37

Name of operation none Date of —
What test confirmed diagnosis? Physical Was 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? no
If so, specify
(Signed) J M Perry, M. D.
(Address) Princeton, Mo.

Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
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.
V. S. No. 2. 50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 11
District File Number 640-798
Date Filed JUN 3 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, me, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Noel Moss

Licensed Embalmer No. 2634

P. O. Address Princeton, Mo

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.