

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 29976

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Rural (Washington) Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Hale Hosp. # 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 mos 3 days
 In this community Samuel (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon
 (c) City or town Rural (Washington)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Washington
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
 year 1940 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 24
1940 to Aug 3, 1940;
 that I last saw him alive on Aug 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Old Chr. Myocarditis & Myocardial Degeneration
 Due to Senility
Heart

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy No

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?
795 (Specify type of place)
 While at work? (a) Means of injury

28. Signature J. W. Hopkins (M. D. or other)
 Address Rock da Mo Date signed 8/3/40

3. (a) PRINT FULL NAME Samuel E. Croggin

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John V. Croggin 6. (c) Age of husband or wife if alive 67 1/2 years

7. Birth date of deceased May 7 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 27 hr. min.

9. Birthplace Pulte Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Henry Croggin
 13. Birthplace Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Croggin
 15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Hosp. Records

(b) Address
 17. (a) Reburial (b) Date thereof Aug 4, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director White & Evans
 (b) Address Calivar, Mo.

19. (a) 8-3-40 (b) Allen V. Hays
 (Date received local registrar) (Registrar's signature)

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

8

X21492

RECEIVED
District Health Officer No. 7,
District File Number 9-40-1247-B
Date Filed 9-4-40

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 Allen V. Hays
Licensed Embalmer No. 1968
P. O. Address Merida, 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.