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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

Registration District No. 570

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5546

State File No. 18109

Registrar's No. 37

1. PLACE OF DEATH:

(a) County IRON.

(b) City or town IRONTON (If outside city or town limits, write "RURAL" and name of township) 8

(c) Name of hospital or institution: ST MARYS OF THE OZARKS. (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 .....

2. USUAL RESIDENCE OF DECEASED: 110

(a) State MISSOURI (b) County WASHINGTON 0

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

(d) Street No. ..... (If rural, give location) 1

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME LAURA LUCINDA CROCKER.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife CHARLES F. CROCKER

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased JULY (Month) 7 (Day) 1888 (Year)

8. AGE: Years 53 Months 10 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace BIXBY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE WIFE.

11. Industry or business .....

FATHER
12. Name JANCE SHIPP
13. Birthplace unknown (City, town, or county) TEXAS (State or foreign country)

MOTHER
14. Maiden name EMILY CHARLENGER
15. Birthplace unknown (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant CHARLES F. CROCKER.

(b) Address BELGRADE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation CHARLEDGER CEM.

18. (a) Signature of funeral director Geo. R. Lunsford

(b) Address Ironton Mo.

19. (a) 6-1-42 (Date received local registrar) (b) Virgina R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1942 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 6, 1942, to May 9, 1942, that I last saw her alive on May 9, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....

(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? ..... While at work ..... (Specify type of place) (e) Means of injury 0

23. Signature George Gum (M. D. or other) M.D.

Address Ironton, Missouri Date signed 5-11-42

1285 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642 - 796
Date Filed 6-17-42

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 5/9/42, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3475

P. O. Address Ironton 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, fact should be so stated above.