S. No. 2
M—1-4-41
v. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20674

Primary Registration District No. 1001

Registrar's No. 584

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: 2018 Francis St. Nursing home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one year (Specify whether years, months or days) In this community: Sixty-five 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.: 2018 Francis Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Warren W. Crook

3. (b) If veteran, name war:

3. (c) Social Security No.: NONE

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Caroline Crook

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: November (Month) 11 (Day) 1872 (Year)

8. AGE: Years 69 Months 6 Days 21 If less than one day ... hr. ... min.

9. Birthplace: Buchanan (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Clothing saleman

11. Industry or business:

FATHER 12. Name: J. C. Crook

FATHER 13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER 14. Maiden name: Nancy May

MOTHER 15. Birthplace: Platt County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Clay Dunlap

(b) Address: DeKalb, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 9, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Auburn Cemetery

18. (a) Signature of funeral director: E. R. Sidenfaden F. Home

(b) Address: 602 South 10th Street

19. (a) 6-8-42 (Date received local registrar) (b) Roe Hepoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 1, 1942 that I last saw him alive on June 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hour
Due to: arteriosclerosis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 530	

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Charles H. Warner (M. D. or other)

Address: 221 Kirkpatrick Bldg. Date signed: 6-9 1942

1233 (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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Mollie E. Sidenfaden

Mollie E. Sidenfaden

Licensed Embalmer No. 4235 4235

P. O. Address St. Joseph, Missouri

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.