

FILED JAN 13 1943

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2014 Highly Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Not**
In this community **4 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **Rural #2, Easton Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural #2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME

Anna Eliza Croy

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Jacob J. Croy**
6. (c) Age of husband or wife if alive **7** years
7. Birth date of deceased **January 7 1856**
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **18**
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **John Blakely**
13. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Cornelious**
15. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmett C. Courtney (Son)**

(b) Address **R.R. #1, St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **12-27-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Courtney Cemetery**

18. (a) Signature of funeral director **Walter Meischoffer**

(b) Address **13th. & Paragon St., St. Joseph, Mo.**

19. (a) **12-27-42** (b) **Wm. Hayes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25th.**
year **1942** hour **3:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec. 22** 1942 to **Dec. 25** 1942
that I last saw h. **SP.** alive on **Dec. 24** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **7 days**
Due to **Acute Myocarditis** **10 days**
Due to
Other conditions **Chronic Nephritis** **years**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1318**
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

23. Signature **J. M. Austin** (M.D. or other) **D.O.**
Address **St. Louisville Mo.** Date signed **12-26-42**

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

11
1
7

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

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.