S. No. 2
M—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17320

State File No.

FILED JUN 15 1943

Registration District No. 5106

Primary Registration District No. 5106

Registrar's No. 20

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

8
0
0

1. PLACE OF DEATH:
(a) County BENTON
(b) City or town COLE TWP RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton 8
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 20 miles S.W. of Stover
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAROLD E CROCKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DORA CROCKER

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased APRIL (Month) 20 (Day) 1860 (Year)

8. AGE: Years 82 Months 0 Days 28 If less than one day hr. min.

9. Birthplace NEW YORK 17
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Crocker
(b) Address Cole Camp Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Brushy Cemetery

18. (a) Signature of funeral director Rapp & Stevinson
(b) Address Stover Mo.

19. (a) May-22-43 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

1341

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18th
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased ~~from~~ on
, 19 , ~~to~~ May 16 , 1943
that I last saw him alive on May 16 , 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchial Pneumonia

Due to Myocardial Decompensation

Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93d

Duration

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 Byron L. Duncan (M. D. or other) DO
Address Cole Camp, Mo Date signed 5/22/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1944

JAN 6 1945

RECEIVED
District Health Officer No. 7
District File Number 5-43-510
Date Filed 6-11-43

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 Jewell Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.