

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18753
 Do not use this space.

20 JUN 10 1943

1. PLACE OF DEATH
 (a) County Pulaski Registration District No. 290
 (b) Township Tavern Primary Registration District No. 4431 Registered No. 716
 (c) City Crocker (d) Street No. 50 St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Geo. Earl Trower
Crocker, Mo.
 (a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1942

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	1	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Crocker, Mo. (STATE OR COUNTRY) Mo.

FATHER

13. NAME Earl Trower

14. BIRTHPLACE (CITY OR TOWN) Richland (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mary Walters

16. BIRTHPLACE (CITY OR TOWN) Crocker, (STATE OR COUNTRY) Mo.

17. INFORMANT Earl Trower (ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Cem. DATE 5/26/43

19. FUNERAL DIRECTOR J. L. Hoops & Sons (ADDRESS) Crocker, Mo.

20. FILED June 3 1943 Chas McDodd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1942, to May 25, 1943
 I last saw him alive on May 25, 1943. Death is said to have occurred on the date stated above, at 8 A. m.
 The principal cause of death and related causes of importance were as follows:

<u>Malnutrition</u> <u>(Lack of proper foods and poor hygienic conditions)</u>	Date of onset <u>1 Yr.</u>
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Other contributory causes of importance:
Infantile Scurvy

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) John A. Mikalovich, M.D.
 (Address) Crocker, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2
 50M-7-20-37
 I X12-604

RECEIVED

Pulaski County Health Officer

File Number 6-43-70

Date Filed 6-9-43

STATEMENT BY LICENSED EMBALMER

I, Paul B Hooper, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. 3261 or by, Registered Apprentice No.
working under my personal supervision.

Signed Paul B Hooper

Licensed Embalmer No. 3261

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.)