

FILED JUN 17 1943  
Registration District No. 737

Primary Registration District No. 3023

Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Henry Mo  
(b) City or town Clinton Mo  
(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 20 years years, months or days

3. (a) PRINT FULL NAME JOHN ARTHUR CROOK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-05-8117

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced. Mar  
6. (b) Name of husband or wife. Shelly Crook 6. (c) Age of husband or wife if alive. 53 years  
7. Birth date of deceased. Feb 12 1883 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 16 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace. Henry creek Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Miller

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name. Wm Levi crook  
13. Birthplace. Ind  
14. Maiden name. Delilah Jane Bey  
15. Birthplace. Iowa (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Jno A Crook  
(b) Address. Clinton Mo  
17. (a) Burial (b) Date thereof. 5-9-43 (Month) (Day) (Year)  
(c) Place: burial or cremation. Brownington Mo

18. (a) Signature of funeral director. Consalus + Beck  
(b) Address. Clinton Mo

19. (a) May 9, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) S. K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry Mo  
(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")  
(d) Street No. 600 E Franklin (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1943 hour 14 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death. Accident  
Deceased was caught in a pulley  
at mill and killed instantly

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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) Accidental  
(b) Date of occurrence 5/7/43  
(c) Where did injury occur? Clinton Henry Missouri (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Industrial) Starakes Mill (Specify type of place)  
While at work? Grinding machinery (e) Means of injury pulley  
23. Signature Dr. J. H. Halligan (M. D. or other) Address Clinton Missouri Date signed 5/8/43

1069

JAN 10 1945

RECEIVED

District Health Officer No. 7,  
District File Number 5-43-543  
Date Filed 6-14-43

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 *J. E. Consalus*  
Licensed Embalmer No. *1891*  
P. O. Address *Clinton 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.