

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 11 1944

Registration District No. 257

Primary Registration District No. 4378

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Madaway  
(b) City or town Ravenwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 11 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles E. McCrorey

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Marj Harvicy Covell 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 11 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

12. Name Benjamin McCrorey

13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Archieba Jenkins

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd McCrorey  
(b) Address Ravenwood Mo.

17. (a) Burial (b) Date thereof 2-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Merigay Cemetery

18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address Marionville Missouri

19. (a) Feb 21-44 (b) Amey Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12  
year 1944 hour 11:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from July 1936 to July 1944  
that I last saw him alive on Feb 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death myo cardial degeneration  
Due to \_\_\_\_\_

Due to sevilla

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
Of autopsy \_\_\_\_\_

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 9

23. Signature P. J. Garton (M. D. or other) DO  
Address Sherridan Mo Date signed 2.14.44

Duration \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74  
1  
2

1349

---

---

**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 William Campbell

Licensed Embalmer No. 3620

P. O. Address Marquette 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.**