

State File No. _____

FILED JUL 10 1944

Registration District No. 772

Primary Registration District No. 3021

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wright Memorial Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bunyan Everett Croy

3.* (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Minnie Thompson 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased December 4 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Rural Mail Carrier

11. Industry or business Retired

MOTHER FATHER { 12. Name John Croy
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Jane Walls
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Letha Croy

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 6-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand River Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.

19. (a) 6-21-44 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin 0
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 18th
year 1944 hour 10:45 minute P.M.
21. I hereby certify that I attended the deceased from June 4th
1944 to June 18th 1944
that I last saw him alive on June 18th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 1 year
Duration
Due to Do not know

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

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) Means of injury _____
23. Signature Oliver P. Davis (M.D. or other) m.d.
Address 1000 1/2 Day _____

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

40
1
2

1944

MAR 18 1946

MAR 18 1946

AUG 31 1944

JUL 0 7 1946

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 *L. O. Richerson*

Licensed Embalmer No. *3392*

P. O. Address *Hallsville, 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.