

FILED AUG 21 1944
Registration District No. 69

Primary Registration District No. 4121

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Billings
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 Christian

(c) City or town Billings
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George D Cronk

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, Widowed

6. (b) Name of husband or wife Justina Cronk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 28 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>79</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____
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9. Birthplace Kane County Ill, /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Cronk

13. Birthplace ? New York /
(City, town, or county) (State or foreign country)

14. Maiden name Eliza S Dean

15. Birthplace ? Vermont /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel C James

(b) Address Kansas City Mo.

17. (a) Removal (b) Date thereof 7/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LeGrand Iowa

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) July 31, 1944 (b) Mary F. Oppear
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1944 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 1941 to July 30 1944
that I last saw him alive on July 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerosis
Hypertrophy of prostate
Toxemia - abscessed teeth

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 137 f

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. W. Marshall (Mr. P. or other) Jo.
Address Billings, Mo. Date signed 7/30/44

OCT 22 1945

RECEIVED

District Health Officer No. 6,
District File Number 844:936

Date Filed ~~AUG 16 1944~~

OCT 19 1945

OCT 1 1945

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 *Herman Surridge*

Licensed Embalmer No. 3072

P. O. Address. *Aurora Ill*

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.