

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 19 1944

Registration District No. 148

Primary Registration District No. 5564

Registrar's No. 15

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

1. PLACE OF DEATH:
 (a) County Iron
 (b) City or town Graniteville, Iron
 (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) 1
 (d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Iron 47
 (c) City or town Graniteville 0
 (If outside city or town limits, write "RURAL") 0
 (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 Francis Marion Crocker
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 23
 year 1944 hour 1 minute 50 A. M.

4. Sex M 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Laura Crocker
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Feb. 15 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 27, 1942 to Aug. 23, 1944
 that I last saw him alive on Aug. 22, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 6 Days 8
 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Apoplexy 2 days
 Due to Arterial sclerosis, general
Chronic cystitis.
 Due to Hypertrophy of Prostate gland 10 yrs.

9. Birthplace Goodwater Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name William Crocker
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 137a
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grace Hatridge
 (b) Address Belleview Mo.
 17. (a) burial (b) Date thereof 8-25-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Banner Mo.

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? _____

18. (a) Signature of funeral director Norman White & Sons
 (b) Address Graniteville, Iron Mo.
 19. (a) Sept 1 74 (b) W. H. Bull
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature W. H. Bull (M. D. or other) M. D.
 Address Graniteville, Mo. Date signed 8-25-44

RECEIVED

District Health Officer No. 4
District File Number 944-4322
Date Filed 9-18-44

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 Priscilla White
Licensed Embalmer No. 3012
P. O. Address Sumner Ave.

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.