

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 52314

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

1. PLACE OF DEATH:

(a) County Gundy

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

(c) Name of hospital or institution: Home 2212 Oak st.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gundy

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

(d) Street No. 2212 Oak st  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IDA MAY CROY

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1944 hour 5 minute 25 M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Knock Croy

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased: Aug 9 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 12 1944 to Oct 16 1944; that I last saw her alive on Oct 16 1944; and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace platt Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Immediate cause of death Chronic myocarditis Duration 2 years

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

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

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

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

12. Name John Harper

13. Birthplace Taliquah Okla  
(City, town, or county) (State or foreign country)

14. Maiden name Anna

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Harry Harvey

(b) Address 2212 Oak st - Jenison

17. (a) Burial (b) Date thereof 10 18 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cem Jenison

18. (a) Signature of funeral director Superior Funeral Home

(b) Address 1314 Cedar Jenison

19. (a) Oct. 17 - 1944 (b) D. S. Roberts  
(Date received local registrar) (Registrar's signature)

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)

(2) Means of injury \_\_\_\_\_

23. Signature Oliver J. Coffey (M. D. or other) M.D.

Address Jenison Mo

**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 Wesley H. Bradford

Licensed Embalmer No. 14570

P. O. Address Trenton

**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.**