

S. No. 2
M-9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37010

State File No.

Registrar's No.

Registration District No. 72

Primary Registration District No. 5333

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

29
0
0

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town Lockwood, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William David Cromer

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1945 hour 9:00 P.M. minute _____ M.

4. Sex M 0

5. Color or race Wh

6. (a) Single, widowed, married, 2 divorced Widower

6. (b) Name of husband or wife Gracie Ann Cromer

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Sept. 19 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-1944 to 11-10-1945

that I last saw him alive on 11-10-1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>88</u>		<u>14</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Diabetes Mellitus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Dark Co. Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations 61

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Stockman

11. Industry or business _____

MOTHER FATHER { 12. Name Geo. Henry Cromer

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

14. Maiden name Ellen Houghsnoffle

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

16. (a) Informant Henry Cromer

(b) Address Lockwood, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) burial (b) Date there Nov. 15, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood, Mo.

(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 _____

18. (a) Signature of funeral director Ray Alderly

(b) Address Lockwood, Mo.

23. Signature J. D. Combs (M. D. or other) _____

Address Lockwood, Mo. Date signed 11-24-45

19. (a) 11/15/45 (b) Miss Beth Bird
(Date received local registrar) (Registrar's signature)

1402

(Licensed Embalmer's Statement on Reverse Side)

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

Licensed Embalmer No.

P. O. Address

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.

John J. Caldwell
3380
Lockwood, Mo