

FILED MAR 29 1946
Registration District No. **232**

Primary Registration District No. **1014**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Scott**

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

(c) Name of hospital or institution:
1 Mile North West of Morley, Mo.
(If not in hospital or institution, write street number or location)

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

In this community **6 Months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **999**

(c) City or town **Tulsa** **34**
(If outside city or town limits, write "RURAL" and location)

(d) Street No. **Denamou Hotel**
(If rural, give location)

(e) Citizen of foreign country? **720** (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME **Jacob F. Cromer**

3. (b) If veteran, name war _____

3. (c) Social Security No. **443-03-9253**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11** year **1946** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Made Investigation** _____, 19____
that I last saw him _____ alive on **2-11**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **June 16 1905**
(Month) (Day) (Year)

Immediate cause of death **Gunshot wound in head**
Self Inflicted

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years **40** Months **7** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **West Plains Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Welder**

11. Industry or business _____

MOTHER FATHER

12. Name **Lloyd G. Cromer**

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

14. Maiden name **Mollie Phans**

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

Major findings: Of operations _____

Of autopsy _____

164

16. (a) Informant **Mrs. G. G. Cromer**

(b) Address **Tulsa, Okla.**

17. (a) **Burial** (b) Date thereof **2-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tulsa, Okla.**

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

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **2-11-1946**

(c) Where did injury occur? **Scott Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Wooded Section Near Highway
(Specify type of place)

(e) Means of injury **20**

23. Signatur **Orville Taylor** (M.D. or other) _____
Address **Sibston, Mo.** Date signed **2-11-46**

18. (a) Signature of funeral director **Winters Funeral Home**

(b) Address **Tulsa Okla**

19. (a) **4-1-1946** (b) **A. Bryant**
(Date received local registrar) (Registrar signature)

RECEIVED

District Health Office No.

District File Number 346-11

Date Filed 3-27-46

APR 5 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 W. Bluff
Licensed Embalmer No. 4399
P. O. Address Boyer Bluff

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.

Registration District No. 332

Primary Registration District No. 6114

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Rural
(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

3. (a) PRINT FULL NAME Joseph F. Cramer
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____

7. Birth date of deceased June 16 1901
(Month) (Day) (Year)
8. AGE: Years 40 Months 7 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Apr - 1 - 46 (b) A. Bryant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1946 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____

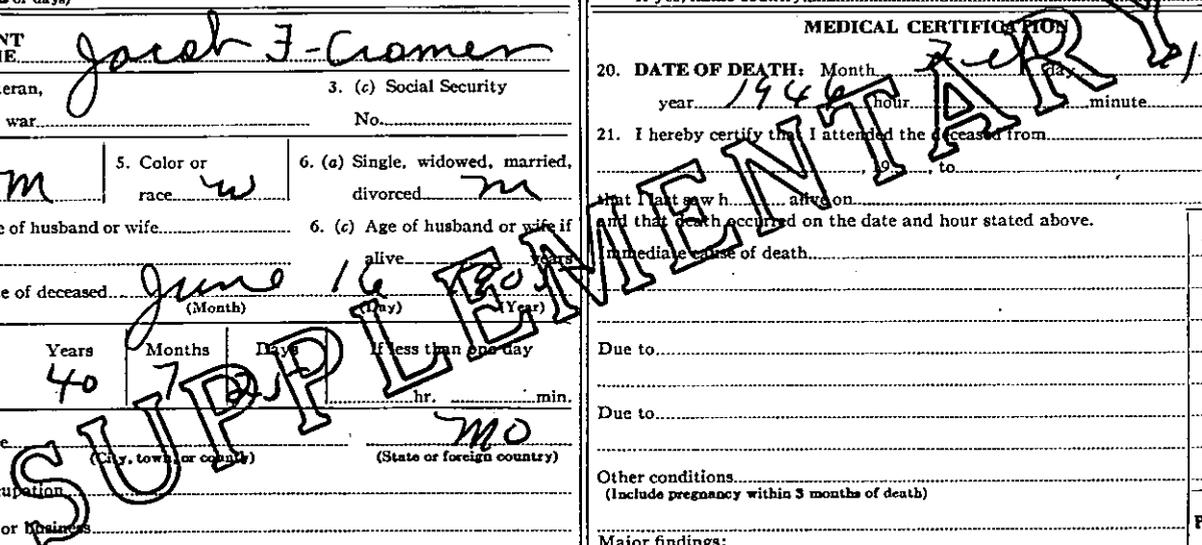
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

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

Address _____ Date signed _____



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