

**FILED** JUN 2 1946

Registration District No. ....

Primary Registration District No. **3017**

Registrar's No. **204**

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

18726

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Dr. Alex Ravenswaay Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 Hours.**  
In this community **All of life.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline Co.**  
(c) City or town **Nelson**  
(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 **Martha Marie Croka**

3. (b) If veteran, name war **----** 3. (c) Social Security No. **----**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **----** 6. (c) Age of husband or wife if alive **----** years  
7. Birth date of deceased **November 10 1945**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**7 38** hr. min.

9. Birthplace **Boonville, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **----**

11. Industry or business **----**

MOTHER FATHER { 12. Name **Floyd J. Croka**  
13. Birthplace **Nelson, Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Pauline Moore**  
15. Birthplace **Sweet Springs, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pauline Croka**  
(b) Address **Nelson, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 8<sup>th</sup> 1946**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Hazel Grove Cem. Saline Co., Mo.**

18. (a) Signature of funeral director **Woodman & Keller**  
(b) Address **Boonville, Mo.**

19. (a) **6-8-46** (Date received local registrar) (b) **Clay Morris** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7** year **1946** hour **----** minute **----** M.

21. I hereby certify that I attended the deceased from **June 7** 19**46** to **June 7** 19**46** that I last saw him **alive** on **June 7** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Malaria**  
**(body was dead when brought to our office)**  
Due to **faulty feeding?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **158** Of autopsy **----**

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) (z) Means of injury

23. Signature **Herb Ravenswaay** (M. D. or other) Address **Boonville, Mo.** Date signed **June 7 1946**

RECEIVED

District Health Officer No. 8,

District File Number

6-19-46

Date Filed

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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..... *G. F. Bolles* .....

Licensed Embalmer No. *3067* .....

P. O. Address. *Beowills, N* .....

**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.**