. S. No. 2
M—8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29275

Registration District No. 325 Primary Registration District No. 6098 Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Schuyler
(b) City or town: Lancaster R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: None

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

3. (a) PRINT FULL NAME: GLADYS LORRAIN CROM
3. (b) If veteran, name war: None
3. (c) Social Security No. None
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: NO years
7. Birth date of deceased: Sept (Month) 30 (Day) 1914 (Year)
8. AGE: Years 31 Months 11 Days 20 If less than one day: X hr. X min.
9. Birthplace: Davis (City, town, or county) Ia (State or foreign country)
10. Usual occupation: Home
11. Industry or business: XXX
12. FATHER Name: Sam Crom
13. FATHER Birthplace: Davis (City, town, or county) Ia (State or foreign country)
14. MOTHER Maiden name: Lizzie Crom
15. MOTHER Birthplace: Davis (City, town, or county) Ia (State or foreign country)
16. (a) Informant: Lizzie Crom
(b) Address: Lancaster MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 31 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Coatsville MO
18. (c) Signature of funeral director: O O Fanton
(b) Address: Lancaster MO
19. (a) Aug 31-46 (Date received local registrar) (b) Mrs. Ada Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 19 day year 1946 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Aug 19th 1946 to Aug 19th 1946 that I last saw h. alive on Aug 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Medical Regulation — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: E L Cox M.D. (M. D. or other)
Address: Macon Mo Date signed: 8/29/46

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(Licensed Embalmer's Statement on Reverse Side)

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

28113

RECEIVED
District Health Officer No. 10
District File Number 8-46-1608
Date Filed AUG-26-1946

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 P. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster Mo

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.