

No. 2  
12-45  
5-17-39  
I X47070

FILED FEB 21 1947

Registration District No. \_\_\_\_\_  
Primary Registration District No. 4234

1. PLACE OF DEATH:  
(a) County Iron  
(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's of the Ozarks Hospital  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 2-5-47 to 2-11-47  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Elvins Mo.  
(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 Ethel McCrorey  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 489-01-7433

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. 11 day  
year 1947 hour 9:12 minute P. M.  
21. I hereby certify that I attended the deceased from 2-5-47  
\_\_\_\_\_, 19\_\_\_\_, to 2-11- 1947;  
that I last saw h. af alive on 2-11- 1947;  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W /  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George T. McCrorey  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased 4 8 1912  
(Month) (Day) (Year)

Immediate cause of death acute bi-lateral bronchial pneumonia  
Duration 2/9/47

8. AGE: Years 34 Months 10 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to far advanced carcinoma of the breast with metastases??  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Polycystic degeneration of the liver  
Regional lymphadenopathy  
Intestinal parasites

9. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation housewife

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business at home  
12. Name George W. Boyer  
13. Birthplace DeSoto, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Georgia Frazier  
15. Birthplace Ste. Genevieve County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant George T. McCrorey  
(b) Address Elvins, Mo.  
17. (a) burial (b) Date thereof Feb. 15, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

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 \_\_\_\_\_

(c) Place: burial or cremation Roselawn Memorial Park  
18. (a) Signature of funeral director Vinyard Funeral Home  
(b) Address Festus, Mo.  
19. (a) 2-15-47 (b) Mrs. Ann Jones  
(Date received local registrar) (Registrar's signature)

23. Signature of P. E. Harland (M. D. or other) md.  
Address Ironton, Mo. Date signed 2/12/47

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

MOTHER FATHER

128

VED

Health Officer No. 4

District File Number 247-246

Date Filed 2-20-47

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 *J. H. Winjard*

Licensed Embalmer No. 3010

P. O. Address *Festus*

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.