S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33367

FILED OCT 10 1947

Registration District No. 3[illegible]

Primary Registration District No. 3072

Registrar's No. 196

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Malta Bend
(If outside city or town limits, write "RURAL")
(d) Street No. # 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Leo Cromley
3. (b) If veteran, name war Yes
3. (c) Social Security No. 489-28-4164
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Bell Cauthon
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased April (Month) 18 (Day) 1926 (Year)

8. AGE: Years 21 Months 5 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Gilliam (City, town, or county) Mo. (State or foreign country)
10. Usual occupation A.& P. Grocery Store
11. Industry or business " " "
FATHER
12. Name Edward J. Cromley
13. Birthplace Pettis Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Maymie Cromley
15. Birthplace Pettis Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Edward J. Cromley
(b) Address Malta Bend Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Marshall Mo.
19. (a) 9-22-47 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 2 am minute ..... M.

21. I hereby certify that I attended the deceased from Sept 20 1947 to Sept 20 1947 that I last saw him alive on Sept 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Severe Contusions fore & Lt side of Head
Due to Possibly Skull fracture + Internal injuries
Due to Car accident
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 19 - 1947 11 pm
(c) Where did injury occur? Marshall Saline Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Marshall Date signed 9/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Non-collision

RECEIVED
District Health Officer No. 8,
Project File Number
Date Filed 10-9-47

FEB 9 1948
OCT 22 1947
OCT 21 1947
OCT 25 1947
OCT 11 1947

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. Leslie Surrey

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.