S. No. 2
1—1/47
15-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1948

Registration District No. 164

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 16797
Registrar's No. tot 55

1. PLACE OF DEATH:
(a) County: Johnson County
(b) City or town: Warrensburg, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community: Life

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

3. (a) PRINT FULL NAME: Dora Mae Crooks
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George F. Crooks,
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: May 4th. 1879 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	0	22	hr. min.

9. Birthplace: Henry County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: James Pl Elder
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Arnold,
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. George Crooks,
(b) Address: R.R. No. I, Leeton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shawnee Mound, Mo.
18. (a) Signature of funeral director: K. A. Braunsinger
(b) Address: Warrensburg, Mo.
19. (a) June 3, 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 26th. year: 1948 hour: 7:50 Am minute: M.
21. I hereby certify that I attended the deceased from 1-1-48, 19..., to 5-26-48, 19...; that I last saw h.e.r. alive on May 26th. 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Embolism	1 week
Due to: Coronary Artery Sclerosis (3 months ago)	
Due to: and Embolism	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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)
(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

23. Signature: R. Lee Cooper (M. D. or other)
Address: Warrensburg, Mo. 5-28-48 Date signed

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

MAR 2 1955

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed R. A. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.