

National Office of Vital Statistics

State File No.

FILED AUG 31 1948

Registration District No. 198

Primary Registration District No. 5362

Registrar's No. 69

1. PLACE OF DEATH:

(a) County. Daniels Jasper Twp. Rural
 (b) City or town. Jasper Mo Rural
 (c) Name of hospital or institution
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community 50 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Daniels 31
 (c) City or town. Jasper Mo Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jasper Twp. Rural
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT
FULL NAME

WILLIAM S. CROY
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex. male 5. Color or race. white
 6. (a) Single, widowed, married, divorced. married
 6. (b) Name of husband or wife. Jacqueline Bray
 6. (c) Age of husband or wife if alive. 76 years
 7. Birth date of deceased. Aug 28 1902
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 10 29 hr. min.

9. Birthplace. Jasper Mo Rural
 (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.....

12. Name. Alexander Bray

13. Birthplace. Wichita 9
 (City, town, or county) (State or foreign country)

14. Maiden name. Sophie Reilbach

15. Birthplace. Wichita 9
 (City, town, or county) (State or foreign country)

16. (a) Informant. Bert Croy

(b) Address. Jasper Mo

17. (a) Rural (b) Date thereof. 31 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Pilot House #2

18. (a) Signature of funeral director. W. Williams

(b) Address. Wichita Mo

19. (a) 20 Aug 1948 (b) W. Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
 year 1948 hour 12 minute 20 AM

21. I hereby certify that I attended the deceased from March
 1948 to July 29 1948
 that I last saw him alive on July 27 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death. Septicemia
Myocardial
infarction
 Duration 3 days

Due to. Bulbar Paralysis 6 wks.

Due to.....

Other conditions. n/
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

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?..... (Specify type of place)

While at work?..... (e) Means of injury. 2

23. Signature. W. Bailey (M. D. or other) MO
 Address. Jasper Mo Date signed. 8-12-48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

W.D. Haines

Registered Apprentice No. _____

working under my personal supervision.

Signed *W.D. Haines*

Licensed Embalmer No. *942*

P. O. Address *Blountville, 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.