

No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30162

State File No. _____

FILED OCT 1 1948

Registration District No. _____

Primary Registration District No. 5586

Registrar's No. 209

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lee Nursing Home RR 4 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr.
(Specify whether years, months or days)

In this community All of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 319 North Harlem
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William CROOKS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male Female

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 3rd 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Pittsfield, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace _____

14. Maiden name Mattie Utt

15. Birthplace Unknown

16. (a) Informant Mrs Alberta Randall

(b) Address East 4th St. Joplin, Mo.

17. (a) Burial (b) Date thereof Sept 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address 305 west 4th St. Joplin, Mo.

19. (a) 9-21-1948 (b) L. B. Clement
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1948 hour 1:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 28th. 19 47 to May 6th 19 48
that I last saw him alive on May 6th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal Disease

Due to Arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

1 yr

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. J. Meredith (M. D. or other) MD

Address 4010 Purvis street Joplin Date signed 9-18-48

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

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.....

Jesse P. Sullivan....., Registered Apprentice No. 99
working under my personal supervision.

Signed [Signature].....
Licensed Embalmer No. 3566

P. O. Address Duplin 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.