

FILED NOV 1 1948

Registration District No. **128**Primary Registration District No. **2 000**Registrar's No. **935**

1. PLACE OF DEATH:

(a) County **Greene**
 (b) City or town **Springfield**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **St. John Hosp.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution **1 Day**
 In this community **1 Day**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Benton**
 (c) City or town **Rogers**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **314 E. Walnut**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mary McCroskie**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **No**

20. DATE OF DEATH: Month **Oct.** day **27**
 year **1948** hour **6** minute **30a.** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Harve McCroskie** 6. (c) Age of husband or wife if alive **Dec. 1868** years
 7. Birth date of deceased **Dec. 20 1868**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 26**
 1948 to **Oct 27** 1948
 that I last saw him alive on **Oct 26** 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of thyroid**
 Duration **2 yrs**

8. AGE: Years **79** Months **10** Days **7**
 If less than one day hr. min.

Due to _____
 Due to _____

9. Birthplace **Unknown Arkansas**
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) **55C**

10. Usual occupation **Home**

11. Industry or business _____

Major findings: Of operations _____

12. Name **W.E. Higgins**

Of autopsy **Ca. of thyroid in polypoid nodules with metastases to lungs**
 Underline the cause to which death should be ascribed. **physically.**

13. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Avery Combs**

(b) Address **Lowell, Arkansas**

17. (a) **Burial** (b) Date thereof **10/30/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanley Cemetery**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **10-28-48** (b) **W.E. Handley MD**
 (Date received local registrar) (Registrar's signature)

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 **U**

23. Signature **F. W. Doubler** (M. D. prothon)

Address **Springfield Mo** Date signed **Oct 27/48**

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.....

Robert H. McInnis

Registered Apprentice No.

277

working under my personal supervision.

Signed.....

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address.....

Springfield, 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.