FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37481

State File No.

FILED DEC 8 1948

Registration District No. 2705

Primary Registration District No. 5836

Registrar's No. 103

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

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Rt. # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Neosho (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. # 2 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME PAUL B. CROCKER

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male D

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sarah Crocker

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April (Month) 12th (Day) 1914 (Year)

8. AGE: Years 34 | Months 7 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Steineaur (City, town, or county) Nebraska 1 (State or foreign country)

10. Usual occupation Photographer

11. Industry or business .....

FATHER
12. Name Albert Bickett CROCKER
13. Birthplace UNKNOWN (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Dorothy Ulrich
15. Birthplace ..... (City, town, or county) Nebraska 1 (State or foreign country)

16. (a) Informant Sarah Crocker
(b) Address Rt # 2 Neosho, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation German Cemetery

18. (a) Signature of funeral director Thornhill - Dillon Mort.
(b) Address Joplin, Missouri

19. (a) Dec. 2, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature) 223

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1948 hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw him dead on 11 - 27 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cause of death unknown	
Due to Probable Organic heart disease	
Due to Died Suddenly	
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 3

23. Signature Corley Thompson Coroner (M. D. or other)
Address Neosho Missouri Date signed 11/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Newton Co Health Unit

District Health Officer No. 1248-426

District File Number 12-6-48

Date Filed

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 Elmer M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.