FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 231

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37514

Primary Registration District No. 4383

Registrar's No. 286

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Graham
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Graham 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Sarah V. Croy
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept (Month) 14 (Day) 1856 (Year)

8. AGE: Years 92 Months 2 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: Morgan Co. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: House work
11. Industry or business .....
FATHER
12. Name: Henry Balen
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Wood
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Flora Hockenhull
(b) Address: Graham, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11 29 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Myram Cemetry Maryville, Mo.
18. (a) Signature of funeral director: W. H. Crawford
(b) Address: Mound City, Missouri
19. (a) 11-29-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 14 year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11/18, 1948, to 11/26, 1948, that I last saw her alive on 11/18, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	10 days.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 9370
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: M. C. Lee (M. D. or other) D.O.
Address: Maitland, Mo. Date signed 11/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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

Signed A. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Maysville 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.