FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 5 1948
Registration District No. 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

State File No. 42215
Registrar's No. 65

1. PLACE OF DEATH:
(a) County Stone Ruth Twp
(b) City or town Rural ~~Keystone~~
(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 1 (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone 104
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delmer McCrorey
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex m 0
5. Color or race wh
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Edna McCrorey
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased June (Month) 10 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	5	27	hr. min.

9. Birthplace Stone Co Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Fate McCrorey
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mammie Fitzmaurice
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Edna McCrorey
(b) Address Reeds Springs Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Yocum Pond
18. (a) Signature of funeral director Everett J Cheatham
(b) Address Galena Mo.
19. (a) Dec. 16-48 (Date received local registrar) (b) Lena Murray - Dep. (Registrar's signature) 317 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1948 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on Aug. 10th. 1948, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	3 yr
Due to ?	
Due to	
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 0
23. Signature W.P. Cottrell (M. D. or other)
Address W.P. Cottrell Reeds Spring, Mo. Date signed Dec 9 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1423
Date Filed 12-31-48

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

Signed Everett J. Cheatham

Licensed Embalmer No. 8870

P. O. Address Galena 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.