

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

| | | | | | | | | | |
|--|--|---|---|--|--|--|--|----------------------------------|--|
| BIRTH NO. <u>124</u> | | REG. DIST. NO. <u>316c</u> | | PRIMARY REG. DIST. NO. <u>4462</u> | | Registrar's No. <u>60</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | | | | |
| b. CITY OR TOWN <u>Elvins</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Elvins</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>JAMES</u> | | b. (Middle) <u>D.</u> | | c. (Last) <u>McCROREY</u> | | | |
| | | | | 4. DATE OF DEATH <u>Feb. 16, 1949</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Jan. 7, 1884</u> | | | |
| | | | | 9. AGE (in years last birthday) <u>65</u> | | IF UNDER 1 YEAR Days <u>1</u> IF UNDER 11 HRS. Min. <u>9</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bismarck, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Thomas McCrorey</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Beard</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Ruth Fingers (Divorced)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James McCrorey, Jr., Elvins, Mo.</u> | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u> <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4.</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb. 14, 1947</u> , to <u>Feb. 16, 1949</u> , that I last saw the deceased alive on <u>Feb. 2, 1949</u> and that death occurred at <u>4:00 Pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>C. H. Appberry M.D.</u> | | | | 23b. ADDRESS <u>Flat River, Mo.</u> | | 23c. DATE SIGNED <u>2-18-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 19, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo.</u> | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb. 21, 1949</u> | | 289 <u>Esther Rudolph</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Flat River, Mo.</u> | | | | | |

RECEIVED

Health Officer No. 4

File Number 349-321

Filed 3-7-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed George R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.