DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25498

Registration District No. 91 — Primary Registration District No. 25988 — Registrar's No. 65

1. PLACE OF DEATH:

(a) County: PUTNAM
(b) City or town: (Rural) — Elm Township
(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)
In this community: Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PUTNAM 86
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Unionville, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: THOMAS MANFORD CROOKS

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: white

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MADA CROOKS

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: MARCH (Month) — 16 (Day) — 1866 (Year)

8. AGE: Years: 78 | Months: 4 | Days: 0 | If less than one day: hr. min.

9. Birthplace: PUTNAM County (City, town, or county) — MISSOURI (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: FARM

MOTHER FATHER

12. Name: GEORGE [illegible] CROOKS

13. Birthplace: UNKNOWN (City, town, or county) — (State or foreign country)

14. Maiden name: CAROLINE HENRY

15. Birthplace: TENN. (City, town, or county) — (State or foreign country)

16. (a) Informant: Healey M. Crooks

(b) Address: Unionville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Martinstown Cemetary

18. (a) Signature of funeral director: Comstock Funeral Home

(b) Address: Unionville, Mo. By J.W. Comstock

19. (a) 8/4/44 (Date received local registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1944 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 4 - 12 1944 to July 16 1944 that I last saw him alive on July 11 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina	4 days
Arteria-sclerosis	10 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause to 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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Neal Martin (M. D. or other)
Address: Unionville Date signed: 8/4/44

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
OM—5-43
ev. 5-17-39
I X36671

600

RECEIVED
District Health Officer No. 10
District File Number 8-44-1421
Date Filed AUG 11 1944

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 James W Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.