

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 3 1947
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17243**
Registrar's No. **128**

Primary Registration District No. **5512**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Clinton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home Honey Creek Twp
(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) **3.5 years**

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

3. (a) PRINT FULL NAME **CHARLES, LEWIS, CROOKS**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Eula Lee Crooks**
6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **May 11 - 1874**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **16**
If less than one day hr. min.

9. Birthplace **Henry Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Ferdinand W Crooks**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth DeCombs**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eula Lee Crooks**
(b) Address **Clinton Mo**

17. (a) **Burial** (b) Date thereof **5-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Englewood Cem**

18. (a) Signature of funeral director **Chas + Beck**
(b) Address **Clinton Mo**

19. (a) **5-29-47** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **27**
year **1947** hour **12 noon** minute
21. I hereby certify that I attended the deceased from
....., 19..... to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Coronary thrombosis immediate**
Due to **found dead in field**

Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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?
While at work (Specify type of place) Means of injury
23. Signature **R. S. Hall** (City, town, or county) (State)
Address **Clinton Mo** Date signed **5/29/47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 5-47-650
Date Filed 6-2-47

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 R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton 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.