

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

Registration District No. 89

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4104

State File No.

20313

Registrar's No.

92

1. PLACE OF DEATH:

(a) County Cass
(b) City or town West Line MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 71
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 89 yrs
years, months or days (Specify whether)

3. (a) PRINT FULL NAME SARAH NORA CROOKS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Louis Tracy Crooks 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Nov. 25 1878
(Month) (Day) (Year)

8. AGE: 68 Years 6 Months 14 Days If less than one day
hr. min.

9. Birthplace St Clair Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name WM Henry Saunders
13. Birthplace England
14. Maiden name Elizabeth Metts
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Saunders

(b) Address West Line MO

17. (a) Glenn Wild (b) Date thereof June 10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenn Wild

18. (a) Signature of funeral director Chas. E. Myers

(b) Address Cleveland MO

19. (a) June 14 1947 (b) Rama J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town West Line 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1947 hour 2 minute 40 AM.

21. I hereby certify that I attended the deceased from June 9 1947
3rd 1947, to June 9 1947
that I last saw her alive on June 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Arteriosclerosis

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) (c) Means of injury

23. Signature Harry B. New (M.D. or other)
Address Hammondville, Mo. Date signed 6-10-47

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.