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FILE: MAY 23 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15623

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 90

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 408 E. Collins
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Allen Croft
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 18th
year 1941 hour 2 minute 55 a.m.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 7th 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 16/41 to Apr 18/41
that last saw him alive on Apr 18 - 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 7 11 hr. _____ min.

Immediate cause of death: Pneumonia following flu
Due to _____
Due to _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Willie Croft
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Lucille Shammass
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? No

16. (a) Informant Willie Croft
(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Apr 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) Apr 20-41 (b) Leah Willard
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature R E Miller (Specify type of place) _____ (e) Means of injury _____
Address Moberly Mo Date signed 10-19-41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-1029

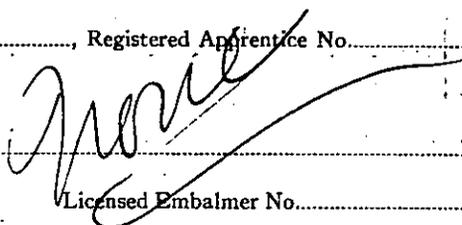
Date Filed MAY 20 1941

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.