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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED DEC 4 194

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38828

Registration District No. 347 Primary Registration District No. 3029 Registrar's No. 302

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Elizabeth Hospital
(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) In this community ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City R.F.D. 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ~~Infant~~ ~~Named~~ Infant Daughter Lorenzo & Ellen Inez Crook

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 9 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Lorenzo Lipton Crook
13. Birthplace Marion Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ellen Christian Turner
15. Birthplace Monroe Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lorenzo Crook
(b) Address Monroe City Mo R. 4

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 9-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Andrew Chapel, Marion Co.

18. (a) Signature of funeral director Nelson C. Son
(b) Address Monroe City, Mo

19. (a) 11/21/41 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1941 hour 6:59 minute A. M.

21. I hereby certify that I attended the deceased from Nov 9 1941, 19..., to Nov 9 1941, 19..., that I last saw h. alive on Nov 9 1941, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Hemorrhage
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Rewlin (M. D. ~~or other~~)
Address Mon. Bldg Jamison Mo. Date signed 11/10/41

(Licensed Embalmer's Statement on Reverse Side)

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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

not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.