

Registration District No. **1**

Primary Registration District No. **1**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County: **Adair**
(b) City or town: **Kirkville**
(c) Name of hospital or institution: **Community Nursing Home**
(d) Length of stay: In hospital or institution: **hospital**
In this community: **21 days**

3. (a) PRINT FULL NAME: **Fred. Orville Crook**

3. (b) If veteran, name war: **No** 3. (c) Social Security No. **No**

4. Sex: **M** 5. Color or race: **W.** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Mae McKasson Crook** 6. (c) Age of husband or wife if alive: **2** years

7. Birth date of deceased: **Feb. 1877**

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 64 | 11 | 11 | hr. min. |

9. Birthplace: **Scotland Co. Missouri**

10. Usual occupation: **day labor**

11. Industry or business:

12. Name: **Allen Crook**

13. Birthplace: **Scotland Co. Missouri**

14. Maiden name: **Sarah E. Billo**

15. Birthplace: **unknown Missouri**

16. (a) Informant: **Mae McKasson Crook**

(b) Address: **Kirkville Mo.**

17. (a) **Burial** (b) Date thereof: **12-15-41**

(c) Place: burial or cremation: **Highland Park Cemt.**

18. (a) Signature of funeral director: **Over Riley**

(b) Address: **Kirkville Mo.**

19. (a) **12/17/41** (b) **Mrs. J. Wagner**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Adair**
(c) City or town: **Kirkville**
(d) Street No.: **316 east McPherson**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Dec.** day: **13** year: **1941** hour: **2** minute: **10 P.M.**

21. I hereby certify that I attended the deceased from: **November 22** 19**41** to: **Dec. 13** 19**41**;
that I last saw him alive on: **Dec. 13** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypostatic Pneumonia** Duration: **2 days**

Due to: **Chronic Endocarditis** 22yrs

Due to: **Syphilis of the circulatory system** 22yrs

Other conditions: **Neurosyphilis** 22yrs
(Include pregnancy within 3 months of death)

Major findings: **Fracture of rt. femur**
Of operations: **No operation**
Of autopsy: **No 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): **Accident**

(b) Date of occurrence: **November 22 1941**

(c) Where did injury occur?: **Kirkville Adair Mo**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**

While at work? **No** (Specify type of place) (e) Means of injury: **Fall**

23. Signature: **Richard B. Hille** (M. D. or other) **DO**

Address: **Kirkville, Mo.** Date signed: **12/13/41**

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

RECEIVED

District Health Officer No. 10

District File Number 1-42-181

Date Filed JAN 27 1942

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 DEE Riley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.