

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

2
43
39
9597

State File No. _____

Registration District No. 101

Primary Registration District No. 5396

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Rural - Bushcreek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Post Office Store - Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution at home
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Douglas

(c) City or town Bushcreek Twp - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. P.O. Store - Mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bobbie Dean Croney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May - 29 - 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 8

If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Ernest Croney

13. Birthplace Dunk Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margie Newton

15. Birthplace Dunk Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. J. Willard

(b) Address Blanch Mo

17. (a) Burial (b) Date thereof Sept 2 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweeten Pond cemetery

18. (a) Signature of funeral director Neighbors (at home)

(b) Address Mo

19. (a) 10-23-43 (b) Mrs. J. R. Spulock
(Date received local registrar) (Registrar's signature) deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Sept 7
1943, 19____, to only, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacillary Dysentery

Due to Acute Dysentery

Due to _____

Other conditions Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations 276

Of autopsy _____

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)

(e) Means of injury _____

23. Signature M. C. Hentley (M. D. or other) _____

Address Mo Date signed 5-2-44

Duration 3000

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

1056

RECEIVED

District Health Officer No. 6;

District File Number 544-580

Date Filed MAY 17 1944

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.