V. S. No. 2
00M—2-43
cv. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 132

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34297

Primary Registration District No. 3021

Registrar's No. 13315

40 1 2

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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: Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy 40 1 2
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 1907 Princeton road
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: JOHN B. CROOKS
3. (b) If veteran, name war: No
3. (c) Social Security No.: ?
4. Sex: Male
5. Color or race: White
6. (a) ~~Single~~, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Crooks
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Sept (Month) 27 (Day) 1885 (Year)

8. AGE: Years 59 | Months | Days 18 | If less than one day — hr. — min.

9. Birthplace: Salt (City, town, or county) Mo U (State or foreign country)
10. Usual occupation: oil Business
11. Industry or business: Agent for Home Oil Co. Trenton
MOTHER FATHER
12. Name: Perry Crooks
13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
14. Maiden name: Mary R. Shantlin
15. Birthplace: Mo U (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mary Crooks
(b) Address: 1907 Princeton road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 18 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Maple Grove Cem Trenton
18. (a) Signature of funeral director: Gipson Funeral Home
(b) Address: 1304 Cedar Trenton
19. (a) Oct. 17-1944 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year 1944 hour 2:10 minute P M.
21. I hereby certify that I attended the deceased from May 1, 1942, to Oct 15, 1944, that I last saw him alive on Oct 14, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: (M. D. or other)
Address: Trenton Mo Date signed 11/17/44

1330 (Licensed Embalmer's Statement on Reverse Side)

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. Wesley H Bradford

Licensed Embalmer No. 4370

P. O. Address 1314 Cedar Trenton N

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.