S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31793

Registration District No. 318

Primary Registration District No.

Registrar's No. 8945

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes 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: 1003

(a) State Missouri (b) County Dunl. Lin 35

(c) City or town ~~Maldin~~ Malden 3
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) NR

If yes, name country

3. (a) PRINT FULL NAME ~~Harry Crook~~ Harry Ray Cook

3. (b) If veteran 2nd. W.W. name war ~~Unknown~~ 506 Social Security No. ~~Unknown~~ 3007

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ~~Adabelle~~ Ada Belle Crook

6. (c) Age of husband or wife if alive ~~47~~ 46 years

7. Birth date of deceased Aug. (Month) 17 (Day) 1898 (Year)

8. AGE: Years 47 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Machinery

FATHER
12. Name ~~John Crook~~ John W. Crook
13. Birthplace Scotland (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name ~~Dora~~ Isadore Coleman Cone
15. Birthplace Scotland (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Harley Crook
(b) Address Auxvasse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~10-17-45~~ 10-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) OCT 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1945, to Oct 14, 1945, that I last saw him alive on Oct. 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of brain - left temporal - non tubercular 2 wks

Due to cause unknown

Due to 107

Other conditions broncho-pneumonia 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy abscess of brain - left temporal

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

22. If death was due to external causes, fill in the following:
(c) 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 Louis Becke (M. D. ~~or other~~)
Address 3720 Washington Date signed 10-16-45

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1946

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Callaway }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8945

On this 29th day of Nov., 1945, before me appears Harley C. Crook, who, upon his oath, states that the original record of ~~birth~~ death for Harry Crook, died ~~born~~ October 14-1945, 19, in the State of Missouri, and which was filed at on , 19, should be corrected as follows:

Item No. 2c should read Malden, Missouri
Instead of Maldin, Missouri

Item No. 3a should read Harry Ray ~~Cook~~ Crook
Instead of Harry Crook

Item No. 3b should read 2nd World War
Instead of Unknown

Item No. 3c should read 506-10-3007
Instead of Unknown

Item No. 6b should read ~~Adabelle~~ Ada Belle Crook
Instead of Adabelle

Item No. 6c should read 46
Instead of 47

Item No. 12 should read John W. Crook
Instead of John Crook

Item No. 14 should read Isadora Coleman Cone
Instead of Dora Cone

The above is true to the best of my knowledge, information and belief.

17 b 17c 10-16-45- ~~17c~~ ----- Memphis, Mo.
10-17-45---- Memphis, Tenn.

(SEAL)

X Affiant Harley C. Crook Relationship.

Auxvasse Mo.
Present Address.

Subscribed and sworn to before me this 29th day of November, 1945

My Commission expires Apr. 18-1949 Granville M. Wright Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929

31793