

FILED JUL 11 1946

Registration District No. _____

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
514 West Gay St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
In this community 60-9-27

3. (a) PRINT FULL NAME Lloyd Bennett Crook

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

4. Sex Male 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 Aug. 8, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 27 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Charles W. Crook
13. Birthplace Williamstown Ky
(City, town, or county) (State or foreign country)
14. Maiden name Ida Margaret Williams
15. Birthplace Lexington Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Crook
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 6-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) June 5, 1946 (b) Savannah Outlets
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 514 W. Gay St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 6-1
1946 to 6-5, 1946
that I last saw him alive on 6-5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Respiratory & Prostatic
with urinary retention
Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____ (c) Means of injury _____
Signature A. Lee Cooper M.D?
Address Warrensburg Mo. Date signed 6-6-46

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

MOTHER FATHER

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.....

J. Earl Priest

Licensed Embalmer No..... 3878

P. O. Address..... **Warrensburg 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.