No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7873

Primary Registration District No. 1000

Registrar's No. 356

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gentry 37
(c) City or town: Stanberry 3
(If outside city or town limits, write "RURAL")
(d) Street No.: Stanberry, Mo. 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Elizabeth CROY
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: A. B. Croy
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: June (Month) 25 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	28	hr. min.

9. Birthplace: Spring Hill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home

MOTHER FATHER
12. Name: John T. Robison
13. Birthplace: Louisville (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Irnus Severence
15. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Mrs. Hazel B. Saisler
(b) Address: Stanberry, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Stanberry, Mo.
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 3-24-48 (Date received local registrar) (b) [illegible] Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from March 22, 1948, to March 23, 1948, that I last saw him alive on March 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to: Vascular Hypertension	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: — 837

PHYSICIAN — Underline the cause of 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? —
While at work? — (Specify type of place) (e) Means of injury: —

23. Signature: [illegible] (M.D. or other) D.O.
Address: 873 Faraon Date signed 3/23/48
St. Joseph, Missouri.

Jefferson City Printing Co. (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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3198 10th St Joseph 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.