S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16694

Registration District No. FILED JUN 12 1948 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1302 Missouri
(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 48 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 Missouri 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs Eliza Ellen Crook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alexander Crook

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased February (Month) 17 (Day) 1879 (Year)

8. AGE: Years 69 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Scammon (City, town, or county) Kansas (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name William Tanner
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Emaline Couch
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Lee
(b) Address Cherokee Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-31-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cemetery

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Missouri

19. (a) 5-28-48 (Date received local registrar) (b) Walters Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 4-28, 1948, to 5-26, 1948, that I last saw her alive on 5-26-48, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage — Duration 1 week

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 [illegible] (M. D. or other)
Address 214 Joplin Date signed 5-27-48

(Licensed Embalmer's Statement on Reverse Side)

48-5-473

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 Cecil A. Thornbell

Licensed Embalmer No. 3590

P. O. Address Joplin 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.