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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 36158

Registrar's No. 1002

**1. PLACE OF DEATH:**

(a) County: Greene

(b) City or town: Springfield, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community: Same as above

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Ozark 77

(c) City or town: Dora 0 (If outside city or town limits, write "RURAL")

(d) Street No.: No Street 1 (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: EVERETT CRONEY

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male D

5. Color or race: White

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

6. (b) Name of husband or wife: Vergie Croney

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

7. Birth date of deceased: July 26 (Month) (Day) 1901 (Year)

8. AGE: Years 47 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace: Ozark County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: George W Croney

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Vergie Croney

(b) Address: Dora, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Sweet Pond Cemetery

18. (a) Signature of funeral director: Grable - Windle Funeral Home

(b) Address: Mountain Grove, Mo.

19. (a) 11-16-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 15 year 1948 hour 12 15 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to Nov. 15, 1948; that I last saw him alive on 11/15/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF BLADDER

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 52B

Of autopsy: AS ABOVE

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 work?

(e) Means of injury:

23. Signature: John O. Turner (M. D. ~~or other~~)

Address: Springfield, Mo. Date signed 11/17/48

**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 Frank Grable

Licensed Embalmer No. 4180

P. O. Address Mtn Grove, 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.**