

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21955
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
(b) Township Windsor Primary Registration District No. 11941
(c) City Windsor (d) Street No. 13 St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Marion Ruth Crockett

(a) Residence, No. 623 St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Crockett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 40

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home maker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clarks Forks 0
(STATE OR COUNTRY) Missouri

13. NAME John Givens 0

14. BIRTHPLACE (CITY OR TOWN) unknown 0
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Missouri

17. INFORMANT John Crockett
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarks Forks
Cooper County, Mo. May 7 38

19. FUNERAL DIRECTOR (NAME) Huston Turner
(ADDRESS) Windsor, Missouri

20. FILED May 7 19 38 Windsor, Missouri
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1938

22. I HEREBY CERTIFY, That I attended deceased from May 4 1938 to May 4 1938
I last saw her alive on May 4 1938 Death is said to have occurred on the date stated above, at 8:45 p. m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 5/4/38

Other contributory causes of importance: IIIW

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 1938
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Ray B. Jordan, M. D.
(Signed) Windsor, Mo. (Address) Windsor, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RETURN TO CHASE EMBALMERS
2010 PARK DRIVE
EVANSTON, ILLINOIS

STATEMENT BY LICENSED EMBALMER

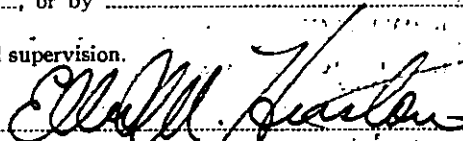
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Ellis M. Huston

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed



Licensed Embalmer No. **3391**

P.O. Address **Windsor, Missouri 1**

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, above space should be left blank.