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.

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 — Primary Registration District No. 1421 — Registered No. 19
(c) City Windsor (d) Street No. ____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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. ____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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: about 40 — MONTHS: — DAYS: — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
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) (STATE OR COUNTRY): Clarks Forks Missouri 0

FATHER
13. NAME: John Givens 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Missouri 0

MOTHER
15. MAIDEN NAME: Mary Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Missouri

17. INFORMANT (ADDRESS): John Crockett Windsor, Missouri
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Clarks Forks Cooper County, Mo. — May 7 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Huston-Turner Windsor, Missouri
20. FILED May 7, 1938 — Local Registrar. 312

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____
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:

| | Date of onset |
|---|---|
| Pulmonary Embolism | 5/4/38 |
| | |
| | |
| | |

Other contributory causes of importance: III W

Name of operation: None Date of:
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? Date of injury ____, 19____
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
Nature of injury

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

(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, .....

Ellis M. Huston, or by .....

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

Signed Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, Missouri

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**