S. No. 2
-11-10-39
5-17-39
I X21492

10
3
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5901

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 48

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 821 Range Line
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 821 Range Line
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Charles Hugh Crocket 623

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mattie Freeman Crocket

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

7. Birth date of deceased Sept. (Month) 3 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	5	22	____ hr. ____ min.

9. Birthplace Audrain, County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business " "

FATHER
12. Name Joseph Crocket
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Knight
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Charles F Crocket
(b) Address Columbia, Missouria

17. (a) Elmwood burial, Mexico (Burial, cremation, or removal) (b) Date thereof 2/27/40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem. Mexico Mo

18. (a) Signature of funeral director R Owreeth
(b) Address Colmmbia, Mo

19. (a) 2/26/40 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 25
year 1940 hour 3:30 minute P.M.

21. I hereby certify that I attended the deceased from 11-22-39, 1939, to 2-25-, 1940
that I last saw him alive on 2-23-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 4 hrs.

Due to Hardened Arteries

Due to

Other conditions Senile Dementia — Sarnel Mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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? None (Specify type of place)
While at work? (e) Means of injury

23. Signature W. P. Dysart (M. D. or other)
Address Columbia Mo Date signed 2-26-40

(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 Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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, above space should be left blank.