DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

(Rec'd) JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22940

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 103

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: R.F.D. # 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Marshall - "Rural" (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 3 (If rural, give location)

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

3. (a) PRINT FULL NAME Leroy M. Crockett 623

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Combs

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 18, 1888 (Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Seneca Co. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

FATHER

12. Name James S. Crockett

13. Birthplace Monroeville (City, town, or county) Ohio (State or foreign country)

MOTHER

14. Maiden name Anna K. Eisenhard

15. Birthplace Springfield (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Lulu Belle Crockett

(b) Address Marshall, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 '40 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem.

18. (a) Signature of funeral director J. Leslie Swaney

(b) Address Marshall, Mo

19. (a) 6-26-40 (Date received local registrar) (b) Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1940 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 19, 1935 to June 25, 1940 that I last saw him alive on June 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Amyloid Degeneration of right Kidney	7 years.
Due to:	
Due to: General angiosarcoma, Mitral insufficiency	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None | 21

Of autopsy No.

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 A. L. Putman (M. D. ~~coroner~~)

Address Marshall Mo Date signed 6-25-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
District File Number 7-11-40
Date Filed

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 J. Leslie Sweeney

Licensed Embalmer No. 7235

P. O. Address Marshall, Mo

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

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