

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Jersey

(b) City or town Nevada

(c) Name of hospital or institution: 617 E. Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 years
(Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 617 E. Locust Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH CROCKER

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1942 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1941 to Sept 9 - 1942
that I last saw her alive on Sept 8 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race W

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

6. (b) Name of husband or wife Wences Crocker 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 24 1867
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 2 years

Due to Father since 1920

8. AGE: Years 75 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Lafayette Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Ben Hairline

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

14. Maiden name Unknown

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Hart

(b) Address 224 N. Main St Nevada Mo

17. (a) Burial (b) Date thereof Sept 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaside

18. (a) Signature of funeral director Henry Funeral Home

(b) Address Seaside Missouri

19. (a) Sept 16, 1942 (b) Elizabeth Burkhardt
(Date received local registrar) (Registrar's signature)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

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 J. N. Love (M. D. or other)

Address Nevada Mo. Date signed 9/11/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1663

Date Filed 10-6-42

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

L B Terry

Licensed Embalmer No. 1760

P. O. Address Levoda 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.