

FILED MAR 10 1943

Registration District No. 1943

Primary Registration District No. 5130

Registrar's No.

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town RUSHVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. #21 Rushville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution LIFETIME
(Specify whether years, months or days) LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN
(c) City or town RURAL, RUSHVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #21
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT DEAN CROCKETT

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEBRUARY 5, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 19 hr. min.

9. Birthplace BUCHANAN CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

MOTHER FATHER

12. Name EARNEST CROCKETT
13. Birthplace BUCHANAN CO. MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MA MATTHEWS
15. Birthplace BUCHANAN CO. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MA CROCKETT (MOTHER)

(b) Address RT # 2, RUSHVILLE, MO

17. (a) BURIAL (b) Date thereof 2/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TURNER CEM

18. (a) Signature of funeral director John S. Grupp

(b) Address 6054 PLYOR AVE

19. (a) 2/28/43 (b) Opal C. Grupp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB, day 24
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 25
10:42 to Feb 23 1943
that I last saw him alive on Feb 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia 4 days

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Benj. W. Riley (M. D. or other) DA
Address 6207 King Hill Date signed

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

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~~

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5828

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Bushville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Albert J. Crockett

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased. Feb-5- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name { 13. Birthplace (City, town, or county) (State or foreign country) { 14. Maiden name { 15. Birthplace (City, town, or county) (State or foreign country) }

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Buchanan
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 5 Year 1943 Hour 2 Minute 4 M.

21. I hereby certify that I attended the deceased from 19... that I have seen him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Wheezing Cough prior to 4 days
Thin Child was a type of Premature Anemia etc
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9 Of autopsy

Duration

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) (b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (c) Means of injury

23. Signature (M, D. or other) Address Date signed

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

SUPPLEMENTARY

