

FILED DEC 10 1943  
Registration District No. **137**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County **Henry**

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

(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)

In this community **20 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Henry**

(c) City or town **Clinton mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **700 East Ohio st**  
(If rural, give location)

(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME **JOHN ELLET CROCKETT**

3. (b) If veteran, name war **1**

3. (c) Social Security No. **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **17th** day **nov**  
year **1943** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 1939** to **now 17th 1943**  
that I last saw him alive on **now 17th 1943**  
and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w**

6. (a) Single, widowed, married, divorced **mar**

6. (b) Name of husband or wife **Lydii Ford**

6. (c) Age of husband or wife if alive **10** years (Day) (Year)

7. Birth date of deceased **July 10 1877**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage**

Due to **hypertension**

Due to **1**

Duration

**2 days**

**4 yrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years **66** Months **4** Days **7** If less than one day hr. min.

9. Birthplace **Henry Co mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Delivering oil**

11. Industry or business **Oil Business**

12. Name **John Ellet Crockett**

13. Birthplace **Ill 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Frowner**

15. Birthplace **Shelbyville Ill 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Crockett**

(b) Address **Clinton mo**

17. (a) **Burial** (b) Date thereof **11-22-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Colver W. Beck**

(b) Address **Clinton mo**

19. (a) **November 20, 1943** (b) **Georgia Ritchen**  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) **1**

Major findings: Of operations **1**

Of autopsy **1**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **1**

(b) Date of occurrence **1**

(c) Where did injury occur? (City or town) (County) (State) **1**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**

While at work (Specify type of place) (e) Means of injury **1**

23. Signature **Joseph B. Smith** (M. D. or other) **1**

Address **Clinton mo** Date signed **11-19-43**

RECEIVED

District Health Officer No. 7

District File Number 11-43-1344

Date Filed 12-9-43

---

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. E. Conslaw*

Licensed Embalmer No. 1891

P. O. Address. Clinton 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.**