

S. No. 2
M-5-43
5-17-39
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29233

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 30 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7997

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Claud K. Crockett

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased January 12 1888
(Month) (Day) (Year)

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

<u>56</u>	<u>8</u>	<u>4</u>	hr. _____ min.
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9. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Self

12. Name David W. Crockett

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

14. Maiden name Lucy Teasdale

15. Birthplace Franklin County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Crockett

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof 9-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 19 1944 (b) J. J. Medesh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1944 to Sept 16, 1944
that I last saw live alive on Sept 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma pancreas 2 yrs

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

Major findings:
Of operations _____
Of autopsy Carcinoma of pancreas

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)
Means of injury _____

23. Signature James A. Porseu (M. D. or other) MD
Address 3903 Oliver Date signed 9-17-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

P21 44

36
4
NR 2

Duration

PHYSICIAN

Underline the cause to which death would be charged statistically.

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.....

Albert G. Hoyle

Licensed Embalmer No.

2471

P. O. Address.....

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.