V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16487

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 162

14
1
12

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

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18yrs 1m 16d (Specify whether years, months or days) In this community 18yrs 1m 16d

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lincoln
(c) City or town: Louisville (If outside city or town limits, write "RURAL") 14
(d) Street No. (If rural, give location) 1 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Vattie Crockett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dk (Month) (Day) (Year)

8. AGE: Years 57 Months Days If less than one day hr. min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business
MOTHER FATHER
12. Name: Dk
13. Birthplace: (City, town, or county) Dk (State or foreign country) Dk
14. Maiden name: Dk
15. Birthplace: (City, town, or county) Dk (State or foreign country) Dk
16. (a) Informant: Record
(b) Address
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: May 14 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Jackson Cem Mo
18. (a) Signature of funeral director: Glen G. Mangin
(b) Address: 712 Court St. Fulton Mo
19. (a) May 14 1945 (Date received by local registrar) (b) Joice Mounsteff (Registrar's signature)
1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1945 hour 7:00 minute A.M.
21. I hereby certify that I attended the deceased from 4-1-45, 19 to 5-11-, 19 45 that I last saw him alive on May 10, 1945, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — Duration: 7
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Dementia Praecox, (Schizophrenia) Hebephrenic — 19yrs
Major findings Of operations: No operation
Of autopsy: None performed

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: George H. Lewis (M. D. or other)
Address: Fulton Mo Date signed 5-11-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-7-45

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 Glen Y. Maupin

Licensed Embalmer No. 8725

P. O. Address Fulton, 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.