

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH  
**FILED** OCT 11 1945

State File No. \_\_\_\_\_  
Registrar's No. 267

Registration District No. 2-90-2-267 Primary Registration District No. 5902

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

**1. PLACE OF DEATH:**  
 (a) County Pemiscot  
 (b) City or town Hayti Rural *Hayti Rural*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (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** DAVID MARION CROCKETT  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Edna Mae Crockett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 28, 1886  
 (Month) (Day) (Year)

**8. AGE:** Years 58 Months 9 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Salene County, Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Farming

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name D. F. Crockett  
 13. Birthplace D. K. (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Mar  
 15. Birthplace D. K. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. M. Crockett  
 (b) Address Hayti Mo.  
 17. (a) Removal (b) Date thereof 10/2/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marshall Mo.  
 18. (a) Signature of funeral director Valhalla Funeral Home  
 (b) Address Hayti Mo.  
 19. (a) 10-2-45 (b) Virginia Morgan  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town Hayti 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 Oct. day 2  
 year 1945 hour 6 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from Apr. 1 - 1945 to Oct. 2 - 1945  
 that I last saw him alive on Sept. 24 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach  
 Duration 3 yrs.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
 Major findings: Of operations 4/6/45  
 Of autopsy \_\_\_\_\_  
 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 J. R. Linton (M. D. or other) \_\_\_\_\_  
 Address Cantharville, Mo. Date signed 10-2-45

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9-45-181

NOV 21 1953

**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..... *Jack Kelly* .....

Licensed Embalmer No. *3788* .....

P. O. Address..... *Hayth. 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.**