

S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36871

**FILED NOV 6 1945**  
 Registration District No. **38**

Primary Registration District No. **3006**

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

**1. PLACE OF DEATH:**  
 (a) County Boone  
 (b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Boone County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)  
 In this community 72 Years

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

**3. (a) PRINT FULL NAME** KYLE THOMAS 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 Widowed  
 6. (b) Name of husband or wife Mattie Lou Sims Crockett  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 6 - 9 - 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name John Thos. Crockett  
 13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Helen StJohn  
 15. Birthplace Callaway County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant L.S. Crockett  
 (b) Address Callaway County, Missouri

17. (a) Burial (b) Date thereof 10-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Millers Creek Cemetery

18. (a) Signature of funeral director Parsons Funeral Service  
 (b) Address Columbia, Mo.

19. (a) October 5-45 (b) Mrs. P. E. Palmer  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 4  
 year 1945 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1945, to 10-4, 1945.  
 that I last saw him alive on 10-4, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction  
Peritonitis  
 Due to \_\_\_\_\_

Due to Gangrenous Abscess  
 Other conditions (Include pregnancy within 3 months of death) None

Major findings: None  
 Of operations \_\_\_\_\_  
 Of autopsy As above

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? No

While at work? No (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature W. D. Byers (M. D. or other) \_\_\_\_\_  
 Address Columbia, Mo. Date signed 10-4-45

Duration 6 days  
 Duration 10 days  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

1425

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**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.....

*W. L. Lanning*

Licensed Embalmer No. *4132*

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.**