

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 2 1946 STANDARD CERTIFICATE OF DEATH

20214
State File No. _____
Registrar's No. **2764**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Wheatley, President Hospital
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town White Church
(d) Street No. R. R. # 2 Bethel
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Annie Crockett
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 18
year 1946 hour 9 minute 40 a M.
21. I hereby certify that I attended the deceased from 19 May 1946
to June 18, 1946

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thornton Crockett
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased: 5-22-1890

that I last saw her alive on 18 June, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cachexia + Anemia

8. AGE: Years 56 Months 0 Days 26
If less than one day hr. min.

Due to Carcinoma of the cervix
Due to _____
Other conditions (Include pregnancy within 3 months of death) 480

9. Birthplace Atchison Kansas
10. Usual occupation House Wife

MOTHER FATHER
11. Industry or business _____
12. Name Peter Lee
13. Birthplace Missouri
14. Maiden name Clara Lyles
15. Birthplace Atchison Kansas

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Marshall Lee
(b) Address R. F. D. # 1 Piper, Kans.
17. (a) Removal (b) Date thereof 6-22-46

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

18. (a) Place of burial or cremation Wheatley R. C. H.
(b) Signature of funeral director Mrs. J. H. Jones
(c) Address 440 State Ave
19. (a) 6-21-46 (b) Veraldine Halme

While at work? _____
23. Signature George O. White
Address 21238 15th Date signed 21 June 1946

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

19087

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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State Ave. N.E.

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.