

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33489

State File No.

FILED OCT 16 1946

Primary Registration District No. 1002

Registrar's No. 4170

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 4 days
In this community 41 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 1615 GARFIELD
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME CHARLES CROCKETT
(b) If veteran, name war No (c) Social Security No. 486-10-7965

4. Sex MALE 2 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RUTH CROCKETT
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased OCTOBER 22, 1883

8. AGE: Years 62 Months 11 Days 11

9. Birthplace Sedalia - MISSOURI

10. Usual occupation COMMON LABORER

11. Industry or business

MOTHER FATHER {
12. Name LUKE CROCKETT
13. Birthplace Sedalia MISSOURI
14. Maiden name MATTIE
15. Birthplace Sedalia MISSOURI

16. (a) Informant RUTH CROCKETT (Wife)
(b) Address 1615 GARFIELD

17. (a) Burial (b) Date thereof 10/8/46
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director
(b) Address 1729 Lydia Avenue

19. (a) 10-3-46 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 3, year 1946 hour 2: minute 30 A. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 29, 1946 to OCTOBER 3, 1946; that I last saw him alive on OCTOBER 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA

Due to ACUTE URINARY RETENTION

Due to BENIGN HYPERTROPHY OF PROSTATE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 137a
Of autopsy

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?

While at work? (Specify type of place)
Means of injury

23. Signature (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 10/3/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Jerome Mantone

Licensed Embalmer No.

3994

P. O. Address.....

2503 Highland

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.