

FILED DEC 26 1946
 Registration District No. **20**

Primary Registration District No. **3002**

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

1. PLACE OF DEATH:
 (a) County **Audrain**
 (b) City or town **Mexico**
 (c) Name of hospital or institution: **West Blvd 1**
 (d) Length of stay: **79** years, months or days
 In this community **79** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Audrain**
 (c) City or town **Mexico**
 (d) Street No. **West Blvd**
 (e) Citizen of foreign country? **No**
 If yes, name country _____

3. (a) PRINT FULL NAME **James Henry Crockett**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **M**
 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. J.H. Crockett**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Dec 19 1876**

8. AGE: Years **79** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Mexico, Mo.**
 10. Usual occupation **Farmer**

11. Industry or business
12. Name **David K. Crockett**
13. Birthplace **Ky**
14. Maiden name **Sarah Wright**
15. Birthplace **Va**

16. (a) Informant **Marion Crockett**
(b) Address **Mexico, Missouri**
17. (a) Burial (b) Date thereof **Dec 20, 1946**
(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director *Chas Herald Jr*
(b) Address **Mexico, Mo.**
19. (a) 12/20/46 (b) *Blanche Neely*
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **19** year **1946** hour **7** minute **30A** M.
21. I hereby certify that I attended the deceased from **Aug 19 1946** to **Dec 19 1946**
 that I last saw him alive on **Dec 17 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
 Duration **2 hrs**

Due to _____
 Due to _____
 Other conditions **Frosted Hypertrophy**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy *grip*
 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) _____ (b) Means of injury **2 slip**
23. Signature *S. S. ...* (M. D. or other) _____
 Address **MEXICO MO** Date signed **12/19/46**

RECEIVED
District No. 10
District File Number 1246-2327
Date Filed DEC. 24. 1946

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 Everett R. Heald
Licensed Embalmer No. 4038
P. O. Address Mexico, 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.