

S. No. 2.
M-5-43
7.5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16801**
Registrar's No. **194**

Registration District No. **55** Primary Registration District No. **5790**

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

1. PLACE OF DEATH:
(a) County **CARROLL**
(b) City or town **CARROLLTON, R.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **710.** (Specify whether
In this community **4 1/2 years.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **MERTILLA JANE CROCKETT**
3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex **FEMALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **James Crockett** 6. (c) Age of husband or wife if alive years
Birth date of deceased **APRIL 29 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **12** If less than one day
hr. min.

9. Birthplace **Virginia** (City, town, or county) (State or foreign country)
10. Usual occupation **Housekeeper**

11. Industry or business
12. Name **Daniel Crigger**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Cross**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charles Nance**
(b) Address **Boyard, Mo.**
17. (a) **Funeral** (Burial, cremation, or removal) (b) Date thereof **5/13/47** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Zion**

18. (a) Signature of funeral director **E. D. Dickerson**
(b) Address **Boyard, Mo.**
19. (a) **5/11/47** (Date received local registrar) (b) **Mrs. Herbert Calver** (Registrar's signature) **H.S.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Carroll**
(c) City or town **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Boyard, Mo. P.R.** (If rural, specify location)
(e) Citizen of foreign country? **Carrollton, Mo.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **11** year **1947** hour **14** minute **A.** M.
21. I hereby certify that I attended the deceased from **June 1**, 19**47** to **May 11**, 19**47**
that I last saw her alive on **May 10**, 19**47**
and that death occurred on the date and hour stated above.
Duration **3 yrs.**

Immediate cause of death **myocardial infarction**

Due to _____
Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations: **9/2 B**
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? _____ (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) (c) Means of injury _____
Signature **J. Hamilton Nelson** M. D. of the _____
Address **Carrollton, Mo.** Date signed **May 13 47**

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

RECEIVED

District Health Officer No. 8,

District File Number.....
Date Filed.....

5-31-47

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.....

E. A. Peterson

Licensed Embalmer No. *2534*

P. O. Address..... *Bozard md*

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.