

FILED MAR 5 1948

Registration District No. 280

Primary Registration District No. 5967

Registrar's No. 39

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Weston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 (Specify whether years, months or days) 30 years
 In this community 30 years

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

3. (a) PRINT FULL NAME James Thompson Crockett
 3. (b) If veteran, name war XX
 3. (c) Social Security No. XX

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 13
 year 1948 hour seven minute p M.
 21. I hereby certify that I attended the deceased from Jan. 11
1948 to Jan. 13 1948;
 that I last saw him alive on Jan. 13 1948;
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Plagie Ann Hawkins
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased: November 9 1881
 (Month) (Day) (Year)

Immediate cause of death Acute cardiac dilatation and circulatory failure bronchopneumonia
 Duration

8. AGE: <u>66</u> Years	Months <u>1</u>	Days <u>4</u>	If less than one day hr. _____ min. _____
-------------------------	-----------------	---------------	--

Due to Probable pernicious anemia Osteomyelitis of right leg with subsequent amyloidosis of liver.
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Nichols Co. Kentucky
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business farm

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

MOTHER FATHER
 12. Name John Crockett
 13. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Barnett
 15. Birthplace unknown Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Smith Crockett
 (b) Address Weston, Missouri
 17. (a) Burial (b) Date thereof Jan. 15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Graceland Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director Vaughn Funeral Home
 (b) Address Weston, Missouri
 19. (a) Jan 19-48 (b) Alpha Rollins
 (Date received local registrar) (Registrar's signature)

(Specify type of place)
 While at work? 0 (e) Means of injury

23. Signature H. G. Parker (M. D. or other) M.D.
 Address Platte City, Mo. Date signed 1/14/48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-4-48

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. R. Vaughn

Licensed Embalmer No.

X023

P.O. Address

Winston, 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.