No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30108

FILED OCT 13 1948

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours (Specify whether
In this community 58 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 229 North Grey St. 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Albert Louis CROCKETT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 23 (Day) 1862 (Year)

8. AGE: Years 86 Months 1 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Eagle Picher (Retired)

FATHER
12. Name John Crockett 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Brown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Garrison
(b) Address 229 N.Grey Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address 305 West 4th St JoplinMo.

19. (a) 10-5-48 (Date received local registrar) (b) Edw. James (Registrar's signature)

Dolores Lampkins DR. Joplin Mo.

138-1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th
year 1948 hour 1:50 minute P M.

21. I hereby certify that I attended the deceased from Sept 28, 1948 to , 19 ;
that I last saw him alive on Sept 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	6 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature E.H. Hamilton (M. D. or other) M.D.
Address Joplin Mo. Date signed 10-1-48

(Licensed Embalmer's Statement on Reverse Side)

48-10-845

OCT 19 1948

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 Jesse O. Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Elmer M. Dungy

Licensed Embalmer No. 13566

P. O. Address Joplin 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.