FILED APR 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14116

State File No. 1846

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo. 3568
d. STREET ADDRESS (If rural, give location): No 3232 Benton Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle):
c. (Last): Crockett

4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 30, 1867
9. AGE (In years last birthday): 85
If under 1 year: Months 5 Days 2
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Hwfe
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Clinton County, Kentucky
12. CITIZEN OF WHAT COUNTRY?: ~~Yes~~ U.S.

13a. FATHER'S NAME: William Davidson
13b. MOTHER'S MAIDEN NAME: Elizabeth Williams
14. NAME OF HUSBAND OR WIFE: Joseph Curtis Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Vertie Simpson, Adrian Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Arteriosclerotic Heart — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral Paralytic Stroke — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
491X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1950, *to* April 2, 1953, *that I last saw the deceased alive on* April 2, 1953, *and that death occurred at* 5:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Jack W. Wolf (Degree or title) M.D. — Jack W. Wolf M.D. MD
23b. ADDRESS 206 Argyle Bldg Kansas City Mo.
23c. DATE SIGNED 4/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-2-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Adrian Mo.

DATE REC'D BY LOCAL REG. 4-6-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sif Funeral Service Adrian Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____, Student Embalmer No. _____ working under my personal supervision.

Student ..... Student Embalmer

Signed _____

Licensed Embalmer No. 3650

P. O. Address Adrian Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.