

S. No. 2
M-8-43
7-5-17-39
I X37823

28210

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 288

Primary Registration District No. 4423

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Buchanan PLATTE
(b) City or town St. Joseph, Mo. 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 None
1 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Buchanan 83
(c) City or town Weston, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location) 0
(e) Citizen of foreign country? None (Yes or No) 0
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28th
year 1945 hour _____ minute 50 P.M.
21. I hereby certify that I attended the deceased from 2-28-45
6-28 19. to 45 19. 45
that I last saw him alive on 6-22 19. 45
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Kentucky 14 1875-1945
(Month) (Day) (Year)

Immediate cause of death Pneumonia
Duration _____

8. AGE: Years 70 Months 6 Days 14 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) Chronic
Major findings: 730
Of operations _____
Of autopsy _____

9. Birthplace Kentucky (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation Farmer

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

11. Industry or business none
12. Name Robert Crockett
13. Birthplace Kentucky (State or foreign country) _____
14. Maiden name Mollie Harrington
15. Birthplace Kentucky (State or foreign country) _____

16. (a) Informant Maggie Crockett
(b) Address Weston, Mo.

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? _____

17. (a) Burial Turner Cemetery (b) Date thereof 5/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (c) Signature of funeral director Ruff Laneal Home
6054 Pryor St. Joseph, Mo.
(b) Address _____
19. (a) 7-1-40 (b) Thos. Clay Kijee
(Date received local registrar) (Registrar's signature)

23. Signature Thos. Clay Kijee (Specify type of place) _____ (c) Means of injury _____
Address 789 7th St. Joseph, Mo. Date signed 6/30/45

WRITE PLAINLY—USE 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 _____
Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.