

8. No. 2
-1/47
5-17-39

8784

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED APR 7 1947
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 85

12
1
2

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
at Home 100 E Ohio
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED: 472

(a) State Missouri (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL.")

(d) Street No. 200 E Ohio St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LYDIA ANN CROCKETT

3. (b) If veteran, name war no

3. (c) Social Security No. 491-33-2792

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1947 hour 2 minute 15 P. M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John E Crockett

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

7. Birth date of deceased Aug 31 - 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw _____ alive or _____ and that death occurred on the date and hour stated above.

Duration _____

8. AGE: Years Months Days If less than one day

59 7 2 hr. _____ min _____

Immediate cause of death Burned to death immediate

Due to _____

9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Permington Ford

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Ella Layton

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

PHYSICIAN _____

Underline the cause of death which should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

16. (a) Informant Charley Ford

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalust Peck

(b) Address Clinton Mo

19. (a) 4-3-47 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 47

(b) Date of occurrence 4/2/47

(c) Where did injury occur? Clinton Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial plant (Bran Mills Co)
(Specify type of place)

While at work? no (e) (Years of injury) Fire

23. Signature R.S. Hallinger (Name)
Address Clinton Mo Date signed 4/3/47

120

APR 18 1947

RECEIVED
District Health Officer No. 71
District File Number 3-47-377
Date Filed 4-2-47

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 *R. R. Kenneef*

Licensed Embalmer No. *3099*

P. O. Address *Clinton 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.