

REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28464
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
 (b) Township _____ Primary Registration District No. 4010 Registered No. 51
 (c) City Savannah (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Louisa Crockett

(a) Residence, No. Savannah Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. W. Crockett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Savannah (STATE OR COUNTRY) Mo.
 FATHER 13. NAME John W. Woodcock
 14. BIRTHPLACE (CITY OR TOWN) Knox County (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Louisa Jane Holt
 16. BIRTHPLACE (CITY OR TOWN) Savannah (STATE OR COUNTRY) Mo.
 17. INFORMANT N. W. Crockett (ADDRESS) Savannah Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo. DATE August 30, 1939
 19. FUNERAL DIRECTOR E. C. Breit (ADDRESS) Savannah Mo.
 20. FILED Aug 29, 1939 Mrs. Jennie Paah Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1939
 I HEREBY CERTIFY, That I attended deceased from Maef 1, 1939 to Aug 28, 1939
 I last saw her alive on Aug 20, 1939. Death is said to have occurred on the date stated above, at 1:40 p. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Uteri
 Date of onset _____
 Other contributory causes of importance: _____
Abdominal
of Bank
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Nathan Meyer M. D.
Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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250
 WHILE BARNETT, WITH OUPADING INK—THIS IS A PERMANENT RECORD

No. 12-177
(No. 12-177) Officer No. 11
District File No. 939-1170
SEP 11 1939

STATEMENT BY LICENSED EMBALMER .

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)