

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 71513

Registration District No. 13

Primary Registration District No. 4010

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Savannah
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
East Main St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community 79
 years, months or days)

3. (a) PRINT FULL NAME Nathan West Crockett
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced widowed
 6. (c) Age of husband or wife if alive 19 years
 7. Birth date of deceased Nov 1860
 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 30
 If less than one day hr. - min. 0

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

10. Usual occupation Retired Farmer

11. Industry or business
 12. Name Milton Crockett
 13. Birthplace un known Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah West
 15. Birthplace un known Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bettie Evans
 (b) Address Savannah Mo

17. (a) Burial (b) Date thereof 1-21-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. B. Breit
 (b) Address Savannah Mo

19. (a) Jan 21-1940 (b) Mrs. Jennie Rash
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Savannah Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. East main
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18
 year 1940 hour 4 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Dec 2
1939 to Jan 18, 1940
 that I last saw him alive on Jan 18, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis & neuritis of heart
 Duration 2 days

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

Major findings:
 Of operations none
 Of autopsy none

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. H. Hooley (M. D. or other) _____
 Address Savannah Mo Date signed 1-29-40

RECEIVED

District Health Officer No. 117

District File Number 240-32

Date Filed FEB 5 1940

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, by

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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, above space should be left blank.