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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35145

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 114

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution:
WATER STREET 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town BOONVILLE
(If outside city or town limits write "RURAL")
0

(d) Street No. WATER STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MRS ALENA CROCKETT

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife STEPHEN CROCKETT

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased NOVEMBER (Month) 9 (Day) 1897 (Year)

8. AGE: Years 42 Months 11 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace BOONVILLE (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation HOUSEWIFE 0

11. Industry or business HOME 0

MOTHER FATHER

12. Name EDWARD WASHINGTON

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

14. Maiden name NELLIE FORBUSCH

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

16. (a) Informant STEPHEN CROCKETT

(b) Address BOONVILLE MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 24-1940 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 10-23-40 (Date received local registrar) (b) D. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 22nd year 1940 hour 2:20 minute a M.

21. I hereby certify that I attended the deceased from Oct 21, 1940, to Oct 22, 1940, that I last saw him alive on Oct 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-Pneumonia	4 days
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —

Of autopsy —

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J. C. Tincher (M. D. or other) M.D.

Address Boonville Mo Date signed Oct 23 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-40

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, M

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.