

FILED MAR 3 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. **4462**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Franklin**  
(b) City or town **Bismarck**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **-**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Franklin**  
(c) City or town **Bismarck**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **-** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **EMMETT E CROCKEY**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **5**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 23 1941**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months **26** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **WOMAN**

11. Industry or business **✓**

12. Name **Emmett Crockey**

13. Birthplace **Burch Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sophia E. Cinton**

15. Birthplace **Iron Mtn Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmett Crockey**

(b) Address **Bismarck Mo**

17. (a) **Burial** (b) Date thereof **July 19**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bismarck Mo**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Bismarck Mo**

19. (a) **July 21/5-40** (b) **T. H. Gale**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**  
year **1942** hour **5** minute **5 a.m.**

21. I hereby certify that I attended the deceased from **July 16 1942** to **July 18 1942**  
that I last saw him alive on **July 17 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Double Bronchi**  
**Pneumonia**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 **T. H. Gale** (M. D. or other)  
Address **Bismarck Mo** Date signed **7/18/42**

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

VED

District Health Officer No. 4  
District File Number 242-191  
Date Filed 2-11-42

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**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.....

P. O. Address.....

**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.**