

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1942

Registration District No. 73

Primary Registration District No. 3006-5-11-8-

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Basile
(b) City or town Columbia
(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

3. (a) PRINT FULL NAME Laura Crockett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 3 5. Color or race Caucas 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace MO (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Do not know

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

14. Maiden name _____

15. Birthplace 9 _____ (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Brown Helen

(b) Address Columbia MO

17. (a) 4-6-42 (b) Date thereof Calvary _____ (Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director _____

(b) Address Columbia MO

19. (a) 4-6-42 (b) Edna H Barbee _____ (Date received local registrar) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Basile
(c) City or town Columbia _____ (If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 42 hour 1 o'clock minute _____ M.

21. I hereby certify that I attended the deceased from March 28 1942 to April 5 1942

that I last saw him alive on March 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage

Due to Arterio sclerosis

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 AWK Aufschmidt (M. D. or other) _____

Address Columbia MO Date signed 4-6-42

Duration 11 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

0
2
4

not embalmed

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, above space should be left blank.