

No. 2
-2-43
17-2
x 4

State File No. _____

FILED AUG 10 1943

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
In this community 74 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATTIE LOU CROCKETT

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased 4 - 17 - 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Sims

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

14. Maiden name Martha Crews

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

16. (a) Informant Kyle Crockett

(b) Address Route 1, Columbia, Mo.

17. (a) Burial (b) Date thereof 7-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millers Creek Cemetery

18. (a) Signature of funeral director Barber Funeral Service

(b) Address Columbia, Mo.

19. (a) 7-30-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from 9-26-43
1943 to 9-29-43 1943
that I last saw her alive on 9-29- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 1 hr.

Due to _____
Due to _____

Other conditions Nausea + ST. changes
(Includes pregnancy within 3 months of death)

Major findings of operations Probably malignant PHYSICIAN
Of autopsy None
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 W. P. Ly... M. D. or other _____
Address _____ Date signed 7-30-43

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 409 11 10
129

Registration District No. 38 Primary Registration District No. 2006 Registrar's No. 129

1. PLACE OF DEATH:
(a) County Boone
(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 years, months or days)

3. (a) PRINT FULL NAME Matthe Lou Crockett
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased April 17
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days mo If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation
18. (a) Signature of funeral director (b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Year 1943 Day 17 Minute 29 M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death myocarditis

Duration
Due to 4/6
Due to
Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Probably malignant carcinoma of stomach
Of operations: None
Of autopsy: None
do not know there was any
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Malignant
(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) (a) Means of injury
23. Signature W. D. Dyson (M. D. or other) mat
Address Columbia Mo Date signed 8-12-43

WRITE PLAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

S-24294