V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29606

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4064

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincent Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs (Specify whether
In this community 7 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1318 E. 9th St 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lindy Lee Crocker

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10- (Month) 1- (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Kansas City None
11. Industry or business
FATHER
12. Name Harvey F. Crocker
13. Birthplace Wyona (City, town, or county) Oklahoma (State or foreign country)
MOTHER
14. Maiden name Effie Ethel Brown
15. Birthplace Alberta (City, town, or county) Canada (State or foreign country)
16. (a) Informant Lawrence L. Crocker
(b) Address 1318 E. 9th St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10- (Month) 3- (Day) 1945 (Year)
(c) Place: burial or cremation Memorial Park Cem K.C. Kansas
18. (a) Signature of funeral director Daniels Bros
(b) Address 644 Kansas Ave K.C. Kansas
19. (a) 10-3-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 1945 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 10-1- 1945, to 10-1- 1945 that I last saw her alive on 10-1- 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth	
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 L. G. Potter (M. D. ~~or other~~)
Address 724 Proz Bldg K.C. Mo Date signed 10/2/45

(Licensed Embalmer's Statement on Reverse Side)

L. G. Patton
Orig Policy

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 Harold L. Echternacht

Licensed Embalmer No. 3075

P. O. Address 1900 Central Ave.

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.

Kansas City 2, Kansas