

No. 2
-12-43
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 50
Registrar's No. 19

FILED FEB 11 1947
Registration District No. 3002

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Audrain County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALLIE BEAUGARD 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 James Cran Crockett

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: March 1 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>11</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation: Housewife

11. Industry or business _____

12. Name: Joe Roger Lampson

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

14. Maiden name: Julia Ann Northcutt

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

16. (a) Informant: J. O. Crockett

(b) Address: Vandalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 5, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation: Ladonia, Mo.

18. (a) Signature of funeral director: W. S. Water

(b) Address: Vandalia, Missouri

19. (a) 2/5/47 (Date received local registrar) (b) Blanch Kelly (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town: Vandalia
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 1947 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from 1/24/47, 19____, to 2/3/47, 19____;
that I last saw her alive on 2/3/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Cardio-nephritis

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 131A

Of operations: _____

Of autopsy: _____

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)

(c) Means of injury: _____

23. Signature: [Signature] (M. D. or other) M. D.

Address: Mexico, Mo. Date signed: 2/5/47

FEB 24 1947

RECEIVED
District Health Officer No. 10
District File Number 2-17-302
Date Filed FEB 10 1947

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 H. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

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.