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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21

39093

FILED NOV 24 1947

State File No. \_\_\_\_\_

Registration District No. 770

Primary Registration District No. 3050

Registrar's No. 79

1. PLACE OF BIRTH:

(a) County Pemiscot  
(b) City or town Caruthersville  
(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 30 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. Corkton ave (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Lawrence L. Crocker

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Crocker

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May 7 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retail merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Calvin E. Crocker 9

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

14. Maiden name Mary Wood

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

16. (a) Informant Mary Crocker

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 11-13-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie

18. (a) Signature of funeral director La Forge Ind. Co.

(b) Address Caruthersville, Mo.

19. (a) 11-19-47 (b) Lessee B. Welke (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1 1947 to Nov 12 1947 that I last saw him alive on Nov 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr.

Due to Chronic Bronchitis & Emphysema 8 yrs.

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy None

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 L. Elstner (M. D. or other) MD

Address Caruthersville, Mo. Date signed 11/14/47

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

11-47-313

NOV 21 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.....

*Noel C. Haver*

Licensed Embalmer No. *3946*

P. O. Address.....

*Contherville*

**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.**