

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1651
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
 (b) Township 1 Primary Registration District No. LOFT
 (c) City St. Joseph (d) Street No. 2224
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 449
Sylvania St.

2. PRINT FULL NAME 651 Mary Shanks Crumpton

(a) Residence, No. 2224 Sylvania St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Crumpton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Ray County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Michael Shanks

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Sarah Lebo

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Roy Froeschle
 (ADDRESS) 2224 Sylvania, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Auburn DATE Jan 19 1939

19. FUNERAL DIRECTOR (NAME) Walter Meierhoff
 (ADDRESS) 1302 Faraon St., St. Joseph, Mo.

20. FILED Jan 19 1939 A. H. Heitler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1938, to Jan. 17, 1939

I last saw her alive on Jan. 8th, 1939. Death is said to have occurred on the date stated above, at 2:25 pm.

The principal cause of death and related causes of importance were as follows:

General Debility 16 2

Other contributory causes of importance:

Senile Degenerative Debility

Name of operation none Date of no
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Joseph J. Tomney M. D.

(Address) Phys & Surg. Bldg., St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

D.W. E. M. Bremer

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,

Wilbur Kelly

, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

W. H. Kelly

Licensed Embalmer No. *Mo. 3946*

P. O. Address *St. Joseph, Missouri.*

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.