

Registration District No. 104

Primary Registration District No. 5229

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cedar Cedar Twsp.
(b) City or town Jerico Springs, Mo.
(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 2
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Jerico Springs, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Benton Crumpley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ada Crumpley 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 20 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 20 _____ hr. _____ min.

9. Birthplace Stone Co., Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Crumpley

13. Birthplace Stone Co., Mo. _____
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Burchett

15. Birthplace Not known _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. R. Crumpley

(b) Address Jerico Springs, Mo.

17. (a) Burial (b) Date thereof Mar. 12, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. W. Ward

(b) Address Greenfield, Mo.

19. (a) 2-22-1940 (b) Mrs. Mary Hester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11
year 1940 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb. 1 - 1939 to March 11, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Osler's disease (mastoid region) Duration 3 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy Yes

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 P. Y. Dunaway (M. D. or other) _____

Address Edwards Springs Date signed 3/13/40

WHITNEY-FREEMAN-USE UNFADING BLACK INK-MAKE A PERMANENT RECORD

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.

MOTHER FATHER

*Edwards to Spex Hill
May 10 - 40*

I was never any closer than fifteen feet of this patient and that only once .

All that I ever did for him was to write a narcotic prescription for him their only doctor was an osteopath and refused to have any thing to do with him just for humanity sake and for a condition the medical fraternity was unable to cure , i wrote the narcotic prescriptions for him , and when he died I was caught holding the bag as I have explained , I never collected nor offer to collect any pay for my services

It was an enormis affair over the left ear and mastoid region as reported. His family could give better details and they are t went miles from here

L. W. Ward

District Health Officer No. 7
District File Number 4
Date Filed 4

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 *J. W. Ward*
Licensed Embalmer No. *2832*
P. O. Address *Greenfield, Vt.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10604

Registrar's No. 261

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 104

Primary Registration District No. 3229

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Benton Mo
(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 _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Benton Crumpley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

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

8. AGE: Years 64 Months 3 Days 20 If less than one day _____ hr. _____ 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) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (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) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month mar day 11 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Stasis carcinoma (mastoid region) Duration 3 yrs

Due to _____

Due to _____ Other conditions NMO (Include pregnancy within 3 months of death)

Major findings: Of operations 578

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) (e) Means of injury _____

23. Signature L. T. Dungey (M. D. or other)

Address Elstonside Mo Date signed _____

Duration
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

S-1060K