

FILED AUG 9 1940

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 553

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

936

1. PLACE OF DEATH:

(a) County Greeke
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 35 yrs in Texas
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Texas
(c) City or town Rural
(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 Bert Edgar Crume ⁶⁵⁰

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

4. Sex m. 5. Color or race w. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Crume 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 1 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Raxter Springs Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Ralph Crume

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

14. Maiden name Wm Elizabeth Smith

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

16. (a) Informant Mary Crume
(b) Address Summersville Mo

17. (a) Burial (b) Date thereof July 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville Mo

18. (a) Signature of funeral director Health Funeral Home
(b) Address Cabool Missouri
19. (c) July 2 1940 (b) W. L. Haudley M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1940 hour 4 minute 10 P. M.
21. I hereby certify that I attended the decedent from June 20
1940 until July 1 1940
that I last saw him alive on July 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Benign Hypertension
Due to Prostate
Due to Chronic Myocardial
Other conditions 1940
(Include pregnancy within 5 months of death)

Duration

1 1/2

1 1/2

PHYSICIAN

Major findings: Enlarged Prostate
Of operations _____
Of autopsy _____

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 _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. L. Haudley (M. D. or other) 1/2/40
Address 415 N. Main St Date signed 7/2/40

JAN 18 1956

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 Lewis S. Schorff

Licensed Embalmer No. 3802

P. O. Address Springfield, MA

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.

X