

Registration District No. **75**

Primary Registration District No. **4041**

Registrar's No. **32**

1. PLACE OF DEATH

(a) County **Boone**
(b) City or town **Centralia**
(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 **Twenty years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Boone**
(c) City or town **Centralia**
(If outside city or town limits, write "RURAL")
(d) Street No. **Lincoln**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Mary Cassie Crump**

3. (b) If veteran, name war. **18** 3. (c) Social Security No. **1**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, divorced, **Widowed**
6. (b) Name of husband or wife **William Crump** 6. (c) Age of husband or wife if alive **6** years
7. Birth date of deceased **Nov 6 1889**
(Month) (Day) (Year)

8. AGE: Years **81** Months **0** Days **16** If less than one day hr. min.

9. Birthplace **Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Henry Richard Lawson**

13. Birthplace **MO 9** (City, town, or county) (State or foreign country)

14. Maiden name **Patty Jones**

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

16. (a) Informant **Mrs. Crump**

(b) Address **Centralia MO**

17. (a) **Burial** (b) Date thereof **11 24 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Grove Cem**

18. (a) Signature of funeral director **W. H. Borden**

(b) Address **Centralia MO**

19. (a) **11/23-1940** (b) **F. H. Borden, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**
year **1940** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Nov 21**, 19**40** to **Nov 22**, 19**40**
that I last saw h. **al** alive on **Nov 21**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis - pneumonia**
Due to **Asperterial hemorrhage**
Chronic myocarditis
Due to

Duration **6 days**

Other conditions **125**
(Include pregnancy within 3 months of death) **10**

Major findings:
Of operations
Of autopsy

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 **W. H. Borden** (M.D. or other)
Address **Centralia MO** Date signed **11/23/40**

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

DEC 17 1940

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

M. M. Dancer

Licensed Embalmer No.

2589

P. O. Address

Centralia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.