

DEC JAN 25 1940

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **229**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Tenth and Orchard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether)
In this community **Twenty Five years?**
years, months or days

3. (a) PRINT FULL NAME

Capitolium Crum

3. (b) If veteran,
name war **None**

3. (c) Social Security
No. **None**

4. Sex **Female** 5. Color or
race **White**

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

6. (b) Name of husband or wife
Robert S Crum

6. (c) Age of husband or wife if
alive **unknown**

7. Birth date of deceased
March 2 1861
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **9**
If less than one day
hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business **None**

12. Name **Brooke Savanger**

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

14. Maiden name **Clara Jane**

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

16. (a) Informant **Robert S Crum**

(b) Address **Tenth and Orchard**

17. (a) **Burial** (b) Date thereof **Dec 13 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cedar Hill Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Missouri**

19. (a) **Dec. 13, 1940** (b) **E. J. McIntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **Tenth and Orchard**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11**
year **1940** hour **4** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Oct 31**
19**40** to **Dec 11 1940**
that I last saw her alive on **Dec 11** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Interstitial Nephritis 12 mo**
Duration

Due to **121**

Due to **none**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**
Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**
(b) Date of occurrence **none**
(c) Where did injury occur? **none** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work? **8/15** (Specify type of place) (e) Means of injury **3**

23. Signature **Albert B Wheeler** M. D. or other **Dr**
Address **Carthage Mo** Date signed **Dec 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

Emm R. Stuebel

Licensed Embalmer No.

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P. O. Address

Paris, Ky

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.