

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

18459
Do not use this space.

FILED JUN 12 1941

1. PLACE OF DEATH

(a) County Monticau Registration District No. 571
 (b) Township Walker Primary Registration District No. 4335
 (c) City California (d) Street No. 1 St. ✓
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. moa. ds. (f) How long in U.S., if of foreign birth? yrs. moa. ds.

Registered No. 35

2. PRINT FULL NAME

Hardin J. Crum
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF Low Crum
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1857
 7. AGE YEAR 83 MONTHS 11 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo
 FATHER 13. NAME H J Crum
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Matilda Harbor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Walter Crum (ADDRESS) California Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE 5/29 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Williams & Friderichs California Mo
 20. FILED 5-29-41 H. R. Popejoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1941
 22. I HEREBY CERTIFY That I attended deceased from May 20 1941 to May 27 1941
 I last saw him alive on May 26 1941 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Nephritis chronic
Cause & type unknown
 Date of onset _____
 Other contributory causes of importance:
Cystitis 2 mo duration, cause unknown
 Name of operation None Date of _____
 What test confirmed diagnosis? Urinalysis 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? _____
 (Also, specify _____)
 (Signed) L. S. Latham M. D.
 (Address) California 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.

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.