

Registration District No. **431**

Primary Registration District No. **3023-5423**

Registrar's No. **85**

1. PLACE OF DEATH:

(a) County: **Jackson**
 (b) City or town: **Warrensburg**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **417 S. Halder St.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **22 yrs 1** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Maggie V. Crumpton

3. (b) If veteran, name war: **✓**

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

4. Sex: **Female** 5. Color or race: **Wk.** 6. (a) Single, widowed, married, divorced, widowed: **widowed**
 6. (b) Name of husband or wife: **George M. Crumpton** 6. (c) Age of husband or wife if alive: **15** years
 7. Birth date of deceased: **March 15 1865** (Month) (Day) (Year)

8. AGE: Years **76** Months **3** Days **22** If less than one day: hr. min.

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

10. Usual occupation: **housewife**

11. Industry or business:

12. Name: **Mathias Fox**
 13. Birthplace: **Virginia** (City, town, or county) (State or foreign country)
 14. Maiden name: **Lydia Gilliland**
 15. Birthplace: **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Edward Tucker**

(b) Address: **Rt 4 Warrensburg Mo.**

17. (a) **Burial** (b) Date thereof: **July 9, 1941** (Month) (Day) (Year)

(c) Place: burial or cremation: **Sunset Hill**

18. (a) Signature of funeral director: **M. A. Wilcox**

(b) address: **Warrensburg Mo.**

19. (a) **July-9-1941** (Date received local registrar) (b) **Bertie Bentley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jackson 051**
 (c) City or town: **Warrensburg** (If outside city or town limits, write "RURAL")
 (d) Street No.: **417 S. Halder St.** (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **0**
 If yes, name country: **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7** year **1941** hour **10** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **May 41** 19 **41** to **July 7** 19 **41**; that I last saw her alive on **July 7** 19 **41** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chr. Myocarditis** Duration: **?**

Due to: **97P**

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations:

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: **R. F. McKim M.D.** (M. D. or other) **D**

Address: **Warrensburg Mo.** Date signed:

97P (Licensed Embalmer's Statement on Reverse Side)

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

1
25385

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-4-8

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.....

working under my personal supervision.

(myself)

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo.

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, fact should be so stated above.