

Registration District No. 677 FILED AUG 9 1941

Primary Registration District No. 4403

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McFarland Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1941 hour 12: minute 05 P.M.  
21. I hereby certify that I attended the deceased from July 10th to July 18th that I last saw her alive on July 18th and that death occurred on the date and hour stated above.

Immediate cause of death: Shock following an operation for prolapsed uterus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
139B

3. (a) PRINT FULL NAME Mary V. Bell CRUMM

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Emory Crumm 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: July (Month) 15 (Day) 1882 (Year)

8. AGE: Years 59 Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Texas County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Granvil Cisro

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

14. Maiden name Irene Watson

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

16. (a) Informant Mr. Charles Crumm

(b) Address Anutt, Missouri

17. (a) Burial (b) Date thereof 7-20-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anutt Cem.

18. (a) Signature of funeral director Carl F. Spencer  
(b) Address Salem, Mo.

19. (a) July 20, 1941 (b) Joe F. Myers (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature W. H. Tolson (Specify type of injury) (e) Cause of injury \_\_\_\_\_  
Address Rolla, Missouri Date signed 7/18/41

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

610

**RECEIVED**

District Health Officer No. <sup>cor No</sup> 8

District File Number 84118-72

Date Filed \_\_\_\_\_

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**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, ~~by~~.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Wm W McHenry*

Licensed Embalmer No. *3806*

P. O. Address *Salem, N.J.*

**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.**