

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon (Missouri)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lebanon Mo. AT HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE  
(Specify whether years, months or days) 1 month 18 days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1941 hour \_\_\_\_\_ minute 0 M.

21. I hereby certify that I attended the deceased from Sept 8  
41 to Sept 19  
that I last saw him alive on Sept 8  
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions diarrhoea  
(include pregnancy within 3 months of death)  
Duration 48 days  
3 days

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 0  
23. Signature James L. Hope (M. D. or other)  
Address Lebanon, Mo. Date signed 9/9/41

3. (a) PRINT FULL NAME WILLIAM HERVEY CRUNK

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 22 1941  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name J. D. CRUNK

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

14. Maiden name RUBY WORTLEY

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

16. (a) Informant J. D. Crunk

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof Sept 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deles Cemetery

18. (a) Signature of funeral director Ward

(b) Address \_\_\_\_\_

19. (a) 9-10-41 (b) JAM Trench  
(Date received local registrar) (Registrar's signature)

4187 (Licensed Embalmer's Statement on Reverse Side)

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

3  
1  
2

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**