

FILED MAR 2 1942

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montana
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 80 yr (Specify whether years, months or days)
In this community 80 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montana
(c) City or town Near California
(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 _____

3. (a) PRINT FULL NAME Susan Florence Crum

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 Single

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

7. Birth date of deceased Oct 31 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Wm H Crum

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

14. Maiden name Martha Habor

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

16. (a) Informant Abraham Crum

(b) Address California Mo

17. (a) Burial (b) Date thereof 1/8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director William & Friedman
(b) Address California Mo

19. (a) Jan 8 - 1942 (b) Mrs. James R. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1942 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1
1941 to Jan 6 1942
that I last saw her alive on Jan 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart disease Duration 10 years

Due to Generalized Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 950
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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Keryon Latham (M. D. or other) _____
Address California Date signed 1/7/42

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

8
1
1

516

AUG 15 1944

MAR 7 1942

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 H. E. Friedmeyer
Licensed Embalmer No. 2854
P. O. Address California 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.