

APR 22 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10147

State File No.

3

Registrar's No.

Registration District No.

Primary Registration District No. 4040 + 5110A

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

1. PLACE OF DEATH

(a) County Boone  
(b) City or town Willton, Cedar Imp  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 010  
(c) City or town Willton 0  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

Charles Edwin Crump

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married  
6. (b) Name of husband or wife Lucy Crump 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased Sept 11 1866  
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Hilyard Crump  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucinda  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Crump

(b) Address Parishal Mo

17. (a) Burial (b) Date thereof 12/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Unit

18. (a) Signature of funeral director Holt & Sargent

(b) Address Wald and

19. (a) Mar. 6, 1942 (b) Mrs. Alice Estes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1942 hour 9 minute 35 P.M.  
21. I hereby certify that I attended the deceased from 1-17  
1942 to 1-21 1942  
that I last saw him alive on 1-20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830  
Of autopsy

Duration  
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 D

23. Signature Le P. Meyer (M. D. or other)  
Address Hartburg Date signed

APR 22 1968

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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, or by me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Wm C. V. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashtabula 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.**