

10995

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 408

Primary Registration District No. 3022

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
702 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Crum

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Capollia 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased June 18 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 8 24 br. min.

9. Birthplace Vienna 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

MOTHER FATHER { 12. Name Robert Crum 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Cordell

(b) Address R # 4 Carthage Mo.

17. (a) Burial (b) Date thereof March 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ceder Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Mar. 13, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")
(d) Street No. 702 10th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12th
year 1942 hour 8 A.M. minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 28, 1942 to March 12, 1942
that I last saw him alive on Mar 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death endocarditis Duration 1 mo.

Due to
Due to

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

Major findings:
Of operations 922

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) (a) Means of injury

23. Signature Albert B. Wheeler M.D. or other Do.
Address Carthage, Mo. Date signed Mar 13, 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

*John D. Batchelder*Licensed Embalmer No. *4153*P. O. Address *Canthage 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.