

SEP 28 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30673

State File No.

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: N. WASHINGTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NEITHER
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. N. WASHINGTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY D. CRUMPLER

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

4. Sex MA 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DOLLIE PERRY 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased JUNE 6 1970
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 25 If less than one day
.....hr.min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business

12. Name Not known
13. Birthplace " (City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. D. Crumpler
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 9 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PORTER CHAPEL

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) 9-5-42 (b) Grace Rogers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEP 7 day 15
year 1942 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug 26, 1942 to Sept 21, 1942
that I last saw him alive on Sept 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchial pneumonia Duration 1 day
Due to myocardial failure 7 days

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 101
Of autopsy 101

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) (c) Means of injury

23. Signature James D. Hope (M. D. or other)
Address Lebanon, Mo Date signed 9/4/42

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

MOTHER FATHER

1080

RECEIVED

Sachse Co. - Newark Dept.
District Health Officer No. _____

District File Number *9-42-141*

Date Filed *9-26-42*

SEP 28 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 _____

Alyn Wetherage

Registered Apprentice No. *294*

working under my personal supervision.

Signed *D. D. Bahner*

Licensed Embalmer No. *1161*

P. O. Address *Lebanon 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.