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D MAR 8 1943

State File No. _____

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. R. #3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Frank Crum

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Naomi Kessler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 12 _____ hr. _____ min.

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

10. Usual occupation Filling Station Operator

11. Industry or business _____

MOTHER FATHER

12. Name John Crum
13. Birthplace Audrain County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Judie DK.
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Naomi Crum

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (Month) (Day) (Year)

(c) Place: burial or cremation Union Baptist

18. (a) Signature of funeral director C. W. C. [Signature]

(b) Address Mexico, Missouri

19. (a) 26-25-43 (b) Margaret M. Mackie (If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1943 hour 3 minute 38A M.

21. I hereby certify that I attended the deceased from Feb. 22 1943 to Feb. 24 1943; that I last saw him alive on Feb. 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Agute Delirium of heart - Chronic Hypertrophy of heart - Status Epilepticus of Medical Center + Inscribed of new Standard
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 9504
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) (b) Means of injury _____
23. Signature R. W. [Signature] Date signed 2-26-43
Address Mexico Mo

10 14

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

NOV 3 1944

RECEIVED

District Health Officer No. 10

District File Number 2-43-44

Date Filed MAR 8 1949

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 [Signature]

Licensed Embalmer No. 3569

P. O. Address [Signature]

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.