

FILED MAR 11 1943

Registration District No. 38

Primary Registration District No. 3006-5550

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 81 Years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES PATRICK CRUMP

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 Married

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

7. Birth date of deceased 3 - 16 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 11 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Crump
13. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Calvin

15. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James P. Crump

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 2-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty

18. (a) Signature of funeral director Parsons Funeral Home
Columbia, Mo.

(b) Address _____

19. (a) 2-28-43 (b) E. Alva H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1943 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1942, to Feb. 27, 1943;
that I last saw him alive on Feb. 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease + Arterio Sclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy none

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 J. C. Suggs (M. D. or other) M.D.
Address Columbia, Mo. Date signed 2-28-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *W. W. M. Kitchin*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbia, 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.