

FILED FEB 26 1943 87
Registration District No.

Primary Registration District No. 5698

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town (RURAL) Sampsel Twp.
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
4 Miles North Sampsel, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
70 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town (RURAL) Sampsel Twp.
(If outside city or town limits, write "RURAL.")

(d) Street No. 4 Miles North Sampsel, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edith Roxie Crumpacker

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

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rife Crumpacker

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 22 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 10 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Edwin Gibbs

13. Birthplace Mich.
(City, town, or county) (State or foreign country)

14. Maiden name Jane Davidison

15. Birthplace Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William Mast

(b) Address R. F. D. Chillicothe, Mo.

17. (a) Mt. Pleasant (b) Date thereof 2-3-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) Feb 2, 1943 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 10
1942 to Feb. 1 1943
that I last saw her alive on Jan. 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis
Duration do not know.

Due to.....

Due to.....

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

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)
(e) Means of injury.....

23. Signature W. M. Grace (M. D. or other)

Address Chillicothe, Mo. Date signed 2/1/43

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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.....

..... E. R. Norman, Registered Apprentice No.
working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.