

FILED MAY 11 1943

Registration District No. 1

Primary Registration District No. 300

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Albion

(b) City or town Rockcastle

(c) Name of hospital or institution: Grim-Smith Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schwartz

(c) City or town Lancaster
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME OPAL JEWELL CRUMP

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1943 hour 10 minute 0 P. M.

4. Sex Fe

5. Color or race wh

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

6. (b) Name of husband or wife Jules Crump

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: June 14 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1943, to May 2 1943
that I last saw her alive on May 2 1943
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------------|
| | <u>39</u> | <u>10</u> | <u>18</u> | <u>1</u> hr. <u>1</u> min. |

Immediate cause of death: Pulmonary embolism Duration 6 hrs

Due to after surgical repair
Massive central thrombosis

Due to 15 yrs

9. Birthplace: Schuyler Missouri
(City, town or county) (State or foreign country)

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

10. Usual occupation: housewife

Major findings: 122a

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Charles White

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

14. Maiden name Eva Morris

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 12

(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? _____

16. (a) Informant Archie Crump

(b) Address Lancaster Mo.

17. (a) Burial (b) Date thereof 5-4-43
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Armi Memorial

18. (a) Signature of funeral director Mrs. J. D. Benton

(b) Address Lancaster, Mo.

19. (a) 5/4/43 (b) Mrs. J. D. Wayne
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. B. Smith (M. D. or other) 5/2/43

Address Rockcastle Date signed 5/2/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-43-830

Date Filed MAY 10 1943

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 Wm H West

Licensed Embalmer No. 2882

P. O. Address Green City 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.