

Registration District No. 206

Primary Registration District No. 6206 3053

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

1. PLACE OF DEATH

(a) County Phelps

(b) City or town Rolla, Mo.

(c) Name of hospital or institution Nellie McFarland Memorial Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 6 days
(If not in hospital or institution, write street number or location)

In this community _____ years, months or days (Specify whether)

3. (a) PRINT FULL NAME Shirley Estelma Crum

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 9 1940
(Month) (Day) (Year)

8. AGE: Years 3 Months 00 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Chief

11. Industry or business _____

12. Name J. E. Crum

18. Birthplace Raymondville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Estelma McCalister

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

16. (a) Informant Verzal McCalister

(b) Address Raymondville Mo

17. (a) burial (b) Date thereof 4 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waller's Cem.

18. (a) Signature of funeral director Estelma & Barker

(b) Address Harston Mo

19. (a) April 26 43 (b) Mrs. Ella Duff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Rolla Jackson 107
(If outside city or town limit, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 11 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-26 day Apr
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr 18, 1943 to _____, 19____;
that I last saw h. ev alive on Apr 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Picked in hot by lava

Due to Fractured skull

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1952

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Picked by lava

(b) Date of occurrence Apr 18 43 10 7

(c) Where did injury occur? at home Raymondville Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Estelma Duff (M. D. or other) MD

Address Rolla Mo Date signed 4-26-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Shirley Estelma Crum

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.....
was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.