

FILED AUG 10 1948
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1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: Boone County Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 Hours
(If not in hospital or institution, write street number or location)

In this community 74 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. Niedermeyer Apts.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LUCY CORNELIA CRUMBAUGH

(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1943 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from 7-13-43 to 7-15-43, 1943, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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 6 - 22 - 1869
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due and Impaction

Due buried for 10 yrs.

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years 74 Months 0 Days 23 If less than one day _____ hr. _____ min.

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

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired School Teacher

11. Industry or business _____

12. Name Henry Crumbaugh

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

14. Maiden name Mary Cornelia Reynolds

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

16. (a) Informant Mrs. C.C. Hearne

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 7-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(City, town, or county)

(b) Address Columbia, Mo.

19. (a) 7-17-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

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? No (Specify type of place)

(e) Means of injury _____

23. Signature Edna H. Barber (M. D. or other) _____

Address Columbia, Mo. Date signed 7-16-43

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

MOTHER FATHER

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

M. S. Whitman

Licensed Embalmer No.

2893

P. O. Address

Columbia

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.