

Registration District No. **59**

Primary Registration District No. **4095**

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Drexel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. At Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply
(Specify whether)
In this community 52 years.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Drexel
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EMMETT WILSON CRUMLEY

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex Male Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie T. Crumley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August, 5, 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Merchant.

11. Industry or business Retired.

12. Name Wilson Crumley.

13. Birthplace Not Known.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Stair

15. Birthplace Not Known.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. W. Crumley,

(b) Address Drexel, Mo.

17. (a) Burial (b) Date thereof 10/22/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [Signature]

(b) Address Drexel, Missouri

19. (a) 10/21/43. (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Oct
year 1943 hour 10:08 P. minute _____ M.

21. I hereby certify that I attended the deceased from Oct 17, 1943 to Oct 20, 1943

that I last saw him alive on Oct 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 days

Due to Hypertension

Other conditions [Signature]
(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 _____

22. Signature Boyd O. Hartwell (M. D. or other) _____
Address Drexel, Mo. Date signed 10/21/43

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 *Personnel*

~~Registered-Apprentice No.~~

~~working under my personal supervision.~~

Signed *J. Hays*

Licensed Embalmer No. *1950*

P. O. Address *Drexel - Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.