S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 18 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Hr 43845 d

State File No.

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 125

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: 1 Rural
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

(c) City or town Rolla - Twp
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route No 1
(If rural, give location)

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

3. (a) PRINT FULL NAME George Crum

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Wh

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

6. (b) Name of husband or wife Malissa

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

7. Birth date of deceased Mar. 28 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	22	hr. min.

9. Birthplace Newton Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Crum
13. Birthplace Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Willis
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant David Crum
(b) Address Rolla - Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/43
(Month) (Day) (Year)
(c) Place: burial or cremation Little Flock Cem

18. (a) Signature of funeral director Neill Son
(b) Address Rolla Mo

19. (a) 12/23/43 (Date received local registrar) (b) Ellis Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1943 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from 9-10, 1943 to 12-20, 1943
that I last saw h alive on 12-1-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr.
Due to	
Due to	
Other conditions: Chr. myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. E. Jones M.D. (M. D. or other)
Address Rolla Mo Date signed 12-23

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. C. Nyell

Licensed Embalmer No. 3297

P. O. Address Rolla 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, above space should be left blank.