

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17295

Primary Registration District No. 3002

Registrar's No. 78

REC'D JUN 2 1944

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
933 W. Buchanan
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. 933 W. Buchanan
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Lewis S. Crum

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Julia Crum 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 12, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 15 ..hr. min.

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

10. Usual occupation Unable to work

11. Industry or business.....

12. Name John Crum

13. Birthplace Audrain Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Judie Martin

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

16. (a) Informant Mrs. Julia Crum

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/44
(Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Cris Arnold

(b) Address Mexico Mo.

19. (a) 5/27/44 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1944 hour 8:00 minute PM M.

21. I hereby certify that I attended the deceased from Feb 28 1944 to May 27 1944
 that I last saw him alive on May 27 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic nephritis

Due to.....

Due to.....

Other conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations none 1318
 Of autopsy.....

Duration
 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) no
 (b) Date of occurrence none
 (c) Where did injury occur? none
(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 no

23. Signature Hebrashas (M. D. or other) M.D.
 Address Mexico, Mo Date signed 5/27/44

JUN 12 1944

JUN 2 1944

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 *W. O. Arnold*

Licensed Embalmer No. *3569*

P. O. Address *Michigan*

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, fact should be so stated above.