

No. 2  
1-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1635

FILED FEB 7 1945

Registration District No. 83

Primary Registration District No. L036

Registrar's No. 115

1. PLACE OF DEATH: BATES

(a) County BATES

(b) City or town RICH HILL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 101 E. Walnut  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community 5 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates

(c) City or town RICH HILL MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 101 E. Walnut  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN CHRISTIAN KRUMM

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife SARAH VANE KRUMM 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased MARCH 13 1859  
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BUENOS AIRES OHIO  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant M E SMITH

(b) Address RICH HILL MO

17. (a) Burial (b) Date thereof 1-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLASANT SPRING TIFTON MO

18. (a) Signature of funeral director BOURBON

(b) Address RICH HILL MO

19. (a) Jan. 19, 1945 (b) Mrs. Edna Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 17 year 1945 hour 2:25 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 17 to Jan 17 1945 that I last saw him alive on Jan 17 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131

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 0

23. Signature James H. ... (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed Jan 17 1945

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

SA-9-6  
AA-9A-1

1984  
1980  
1981

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**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.....

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, fact should be so stated above.**