

FILED MAR 22 1945

Registration District No. 346

Primary Registration District No. 6163

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural Cass ^{Mo}
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community most all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone ¹⁰⁴
(c) City or town rural ¹
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1 Clever, Mo. ⁶
(If rural, give location)
(e) Citizen of foreign country? no ⁰ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Francis Tatum

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 13, 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Mo ^D
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William P. Crumpley
13. Birthplace Tenn ¹
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Samuels
15. Birthplace N.C. ¹
(City, town, or county) (State or foreign country)

16. (a) Informant Wade Tatum
(b) Address Clever, Mo.

17. (a) burial (b) Date thereof Jan. 23, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jamesville, cem
T.W. Maples

18. (a) Signature of funeral director Clever, Mo.
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22,
year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Died without medical attention
Due to recently.
Hip fracture, some two years
Due to ago

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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) _____
(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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

1174

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

14
0
6

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.