

FILED APR 21 1945

Primary Registration District No. 1000

Registrar's No. 404

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

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
(Specify whether  
 In this community 1 day  
years, months or days)

3. (a) PRINT FULL NAME William E. Crumpley,  
 3. (b) If veteran, name war None,  
 3. (c) Social Security No. None,

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 18, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>17</u>	____ hr. ____ min.

9. Birthplace Buchanan County, Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

MOTHER FATHER  
 12. Name W.D. Crumpley  
 13. Birthplace Unknown, North Carolina  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ellen Yates,  
 15. Birthplace Buchanan County, Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant G.C. Crumpley,  
 (b) Address R.F.D. # 5, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/8/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faucett Cemetery,

18. (a) Signature of funeral director Nealon Belove Bowman

(b) Address 319 So. 10th Street,

19. (a) 4/5/45 (b) Deena J. Pickle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan //  
 (c) City or town Rural //  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. # 5, St. Joseph, Mo. //  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th.  
 year 1945 hour 6:00 minute 15 a.m.

21. I hereby certify that I attended the deceased from Apr, 1st  
1945 to Apr, 5th 1945

that I last saw him alive on Apr, 4th 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

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

Other conditions Chronic Arterial Hypertension  
(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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature B. W. Taddy (M. D. or other) \_\_\_\_\_  
 Address King Hill Bldg Date signed 4/5/45

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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  by

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

working under my personal supervision.

Signed Gerald J Wade

Licensed Embalmer No. 4172

P. O. Address St Joseph 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, fact should be so stated above.**