

FILED DEC 8 1945

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural - Cedar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days

3. (a) PRINT FULL NAME Mandy Crump

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Edward Crump 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased April 4 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

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

12. Name Ben Harmon

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

14. Maiden name Nancy Hoalen

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

16. (a) Informant Thomas Crump

(b) Address Hartsburg, Missouri

17. (a) Burial (b) Date thereof Nov. 30 - 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden Cem.

18. (a) Signature of funeral director Wm C. Burnett

(b) Address Ashland, Missouri

19. (a) 11-29-45 (b) Mrs Mildred Burnett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi. W. of Ashland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29<sup>th</sup>  
year 1945 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov  
1 1944 to Nov. 29 1945

that I last saw her alive on Nov 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Duration \_\_\_\_\_

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

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

Other conditions (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? \_\_\_\_\_

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

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

Address Ashland, Mo Date signed 12-19-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-9-45

MAR 20 1959

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.

*Not Embalmed*

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.