

FILED JAN 21 1946
Registration District No. 156

Primary Registration District No. 3001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 632 Jackson Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Benjamin Franklin Crum.

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

(b) Name of husband or wife Nancy Bell Crum (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22, 1855
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired Florist

11. Industry or business _____

12. Name Crum

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

14. Maiden name Elizabeth Looney

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

16. (a) Informant (b) Address 1515 Jackson, Joplin Mo.

17. (a) Burial (b) Date thereof Jan. 2, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.

19. (a) 12-30-45 (b) Ed [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 31, day 1945
year _____ hour 11-00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 7, 1945 to Dec. 31, 1945
that I last saw him/her alive on Dec. 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Dementia Duration about 2 mos.

Due to arterial occlusion

Due to § 3 b

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 Karl L. Hoff (M.D. or other) _____
Address Joplin Mo. Date signed 12/30/45

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

100473

45-12-1048.

JUN 30 1948

JAN 25 1948

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 *Ray K. Hunsbuck*

Licensed Embalmer No. *959*

P. O. Address *Dayton, Ohio*

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.