

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23043

FILED JUN 17 1947

Registration District No. 324Primary Registration District No. 3072Registrar's No. 121

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
584 W. Vest
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community 45 Days
 years, months or days)

3. (a) PRINT

FULL NAME Martha Jane 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 Widowed
 6. (b) Name of husband or wife William Crump
 6. (c) Age of husband or wife if alive 6 years
 7. Birth date of deceased February 6 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 28
 hr. min.

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

10. Usual occupation Housewife11. Industry or business '' '' ''

MOTHER FATHER
 12. Name Jacob Wilhelm
 13. Birthplace Hart County Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Emerine Crump
 15. Birthplace Hart County Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Crump
 (b) Address 584 W. Vest, Marshall, Mo.

17. (a) Removed (b) Date thereof 6/7/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge, Mo.

18. (a) Signature of funeral director J. Leslie Bureny
 (b) Address Marshall, Mo.

19. (a) June 6 1947 (b) James A. Reid
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
 (c) City or town Marshall 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 584 W. Vest 0
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th,
 year 1947 hour 12 minute Midnight

21. I hereby certify that I attended the deceased from May 16
1947 to June 4, 1947,
 that I last saw her alive on May 16, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerotic Heart Disease

Due to

Due to

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 sta-
 tistically.

22. If death was due to external causes, fill in the following:

(c) 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?
0

While at work? (Specify type of place)
 (c) Means of injury.....

23. Signature James A. Reid (M. D. or other)
 Address Marshall Mo. Date signed 6-6-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-16-47

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.....

J. Leslie Sweeney

Licensed Embalmer No. 3235

P. O. Address.....

Marshall, Miss.

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.