

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1725

Registration District No. 173

Primary Registration District No. 5708

Registrar's No.

1. PLACE OF DEATH:

(a) County McDONALD  
(b) City or town RT. #1 ANDERSON, 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 ALL LIFE (Specify whether  
in this community ALL LIFE years, months or days)

3. (a) PRINT FULL NAME ELLEN CRUMBLISS  
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 THOMAS JEFFERSON CRUMBLISS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MARCH 15 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

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

MOTHER FATHER

12. Name GEORGE E. RABY  
13. Birthplace KAYWOOD ENGLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH THOMPSON  
15. Birthplace ENGLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. G.E. CLARK  
(b) Address RT. #1 ANDERSON, MO

17. (a) BURIAL (b) Date thereof 1 22  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. CEMETERY - Neosho

18. (a) Signature of funeral director CLARK-BIGHAM

(b) Address Neosho, MISSOURI

19. (a) 1/28/48 (b) Mrs. Fred W. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73  
(c) City or town NEOSHO 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 307 NORTH ST. 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 18  
year 1948 hour 9 minute 15 P.M.  
21. I hereby certify that I attended the deceased from For years  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on Jan 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration years  
Arterio Sclerosis  
Due to \_\_\_\_\_  
Due to Bad ridden for 15 years most of time - Had had 2 cerebral hemorrhages in 15 years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy GUP  
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 0  
Signature R. J. Yarnum (M. D. or other) \_\_\_\_\_  
Address Neosho MO Date signed 1/28/48

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. Ly White*

Licensed Embalmer No. *4240*

P. O. Address. *Neosho, 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.**