

No. 300
10-47
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19832**

FILED JUL 15 1948

Registration District No. **156**

Primary Registration District No. **500**

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:
2226 Kentucky
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Lifetime** 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. **2226 Kentucky**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **MARK LOVELAND CRUME**

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

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 **April 5 1946**
(Month) (Day) (Year)

8. AGE: Years **2** Months **4** Days **25** If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Harold Crume**

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

14. Maiden name **Helen Peters**

15. Birthplace **Galena, Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Crume**

(b) Address **2226 Kentucky, Joplin, Mo**

17. (a) **Burial** (b) Date thereof **6-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin, Joplin, Missouri**

19. (a) **6-4-48** (b) **Dalora Sampson, R.P.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**
year **1948** hour **9:25** minute **A.** M.

21. I hereby certify that I attended the deceased from **11 May, 1948**
_____ 1948, to **30 May, 1948**
that I last saw him alive on **30 May, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatous** Duration **4 mos.**

Due to **White St. Louis Childrens Hosp. for data on primary site**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **5/2**
Of autopsy **5/2**

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 _____
Signature **W. L. Lewis, M.D.**
Address **308 Frisco Bldg., Joplin, Mo.** Date signed **6/2/48**

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

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 *F. M. Jones*

Licensed Embalmer No. *2319*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

July

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(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 (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME

Mark L. Creme

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 5. Color of race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years 2

Months 4

Days

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) MO

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of Duration

Due to unknown unable to obtain information

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) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

S-19832

