

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10319

State File No. ....

FILED MAR 16 1943

Registration District No. ....

Primary Registration District No. 3023

Registrar's No. 35

42  
1  
2

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Union  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 day (Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Union Mo  
(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.....

3. (a) PRINT FULL NAME LOUISA ALICE CRUMP

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1943 hour 6:00 minute AM

21. I hereby certify that I attended the deceased from Feb 1,  
1943 to Feb 3, 1943,  
that I last saw her alive on Feb 2, 1943,  
and that death occurred on the date and hour stated above.

4. Single 5. Color or face White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June 11 1868  
(Month) (Day) (Year)

Immediate cause of death.....  
Streptococci meningitis 4 days

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

74 7 23 hr. .... min.

Chronic Streptococci Otitis Media (year)

(Include pregnancy within 3 months of death)

9. Birthplace Union Mo Henry Co  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name James F. Beach

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ellen Carver 9

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Weedman

(b) Address Union Mo

17. (a) Burial (b) Date thereof 2-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Mo

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.....

18. (a) Signature of funeral director Brown & Graham

(b) Address Union Mo

19. (a) Feb 3, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. R. S. Hallingworth M.D.  
Address Clinton Missour Date signed 2/3/43

1069

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 7,

District File Number 2-43-67

Date Filed 3-8-43

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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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.**