

FILED
JUL 28 1945
Stat. File No. 27469
Regist. No. 160

Registration District No. 137

Primary Registration District No. 3023

Regist. No. 160

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barges Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Depue (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fugate Clark Crum

3. (b) If veteran, name war _____ 3. (c) Social Security No. 6

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9-25-1860 (Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name H.L. Crum
13. Birthplace Va (City, town or county) (State or foreign country)
14. Maiden name Elizabeth Clark
15. Birthplace Va (City, town or county) (State or foreign country)

16. (a) Informant Addie Hentley
(b) Address Depue MO
17. (a) Burial (b) Date thereof 8-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Henry's chapel

18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton MO

19. (a) 8-3 (b) Myrtle Browder (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
year 1945 hour 3:30 minute 0 P.M.

21. I hereby certify that I attended the deceased from July 23 1945, to Aug 1 1945
that I last saw him alive on July 31 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the face Duration 6 months

Due to _____
Due to _____

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

Major findings: Of operations 5/3
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 S.B. Hughes (M. D. or other) M.D.
Address Clinton, Mo. Date signed 8/26

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

RECEIVED
District Health Officer No. 7
District File Number 8-45-870
Date Filed 9-6-45

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 Fred W. McKesson

Licensed Embalmer No. 2478

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.