

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

**FILED** SEP 11 1945

Registration District No. **137**

Primary Registration District No. **3923**

Registrar's No. **137**

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

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: **Bains Nursing Home**  
(If not in hospital or institution, write street number, location)

(d) Length of stay: In hospital or institution **8 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George Snuffer Crum**

3. (b) If veteran, name war **C**

(c) Social Security No. **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **5** year **1945** hour **3:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 23, 1945** to **Aug 5, 1945** that I last saw him alive on **Aug 3, 1945** and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

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

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

7. Birth date of deceased **12** (Month) **11** (Day) **1864** (Year)

Immediate cause of death **Carcinoma of bile ducts** Duration **3 months**

8. AGE: Years **80** Months **7** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **none** (Include pregnancy within 3 months of death)

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)

Major findings: **no H&A**

Of operations \_\_\_\_\_

Of autopsy **no**

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

16. (a) Informant **Chad Kirtley**

(b) Address **Deerwater Mo**

17. (a) **Burial** (b) Date thereof **8-6-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leays Chapel**

18. (a) Signature of funeral director **Fred Wilkerson**

(b) Address **Clinton Mo**

19. (a) **Sept 5 - 45** (b) **B. R. Kenney**  
(Date received local registrar) (Registrar's signature)

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. S. Uppha** (M. D. or other) **M. D.**

Address **Clinton Mo** Date signed **8/10/45**

RECEIVED

Member Officer No. 7,  
Member 8-45-944  
Date Filed 9-10-45

**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 Feed W. Keeney  
Licensed Embalmer No. 2478  
P. O. Address Clontoy, 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.**