

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10768

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 242
 (c) City Springfield, Mo. (d) Street No. 1358 1/2 Fremont St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles B. Crump 651

(a) Residence, No. 1358 S. Fremont St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Dorothy Crump

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
66 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Telegraph Opr.
 10. Date deceased last worked at this occupation (month and year) Friscro R. R. 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison? Arkansas Type of 11

FATHER 13. NAME N. B. Crump
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Elizabeth Oliver
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Dorothy Crump
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE March 18, 1938

19. FUNERAL DIRECTOR H. H. Lohmeyer Funeral Home
 (ADDRESS) Springfield, Mo.

20. FILED Mar 18, 1938 Chas. A. George, M.D. (Address) 2000
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1938

22. I HEREBY CERTIFY That I attended deceased from May 4 3/17 to 3/17, 1938

I last saw him alive on 3/14, 1938 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

First saw him May 6-37
made a diagnosis
of cancer of stomach
not so - ST operated at
May 8. Clinch. of benign lymphatic
carcinoma of stomach
 Other contributory causes of importance:

Name of operation. See above Date of 2/17/38
 What test confirmed diagnosis? reflected Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. L. Anderson M. D.
W. G. Melton M. D.
Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I, Leah Gorman, Licensed Embalmer No. 3177

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Leah Gorman

Licensed Embalmer No. 3177

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.)