

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22524

Do not use this space.

REC'D JUL 11 1938

## 1. PLACE OF DEATH

(a) County NEWTON

(b) Township

(c) City NEOSHO

(e) Length of residence in city or town where death occurred

Registration District No. 609Primary Registration District No. 4363(d) Street No. SALE-BOWMAN HOSPITAL St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

ANNA BEATRICE CRUMBLISS(a) Residence, No. NEOSHO RT 4 St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

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 OFRALPH CRUMBLISS

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

FEBY 28. 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.45321

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.HOUSEWIFE10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)ROCKY COMFORT  
MISSOURI

FATHER

13. NAME

JOHN HORNER14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)NOT KNOWN

MOTHER

15. MAIDEN NAME MATTIE HICKS16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)NOT KNOWN17. INFORMANT  
(ADDRESS)Ralph Crumbliss  
NEOSHO, MO18. BURIAL, CREMATION, OR REMOVAL  
PLACEOAKWOOD CEMETERYDATE 8/21/3819. FUNERAL DIRECTOR (NAME)  
(ADDRESS)THE BIGHAM MORTUARY  
NEOSHO, MO20. FILED 6-201938Onala Sale, M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

June 18. 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 3, 1938 to June 18, 1938I last saw him or her alive on June 18, 1938 Death is saidto have occurred on the date stated above, at 5 Pm.

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

Taking muratic acid onMay 3, 1938

Date of onset

May 3

Other contributory causes of importance:

Muratic acid taken with  
suicide intentMay 3

Name of operation

Gastro-enterostomy 6/15/38

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide of injury, 1938Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Onala Sale

, M. D.

(Address)

Neosho, Mo.

**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, .....

*J. B. ...*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*J. B. ...*

Licensed Embalmer No. ....

*7689*

P. O. Address .....

*Nebraska 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, above space should be left blank.**