JAN FEB 6 1939

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

1648
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 46
(c) City St. Joseph, (d) Street No. 3017 Seneca 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 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Merna Beauchamp, Crume,
(a) Residence, No. 3017 Seneca 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: 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: Orville Frances Crume,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 29 [illegible]
7. AGE: YEARS 61 MONTHS 2 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Dentist,
9. Industry or business in which work was done, as saw mill, bank, etc.: Dentristy
10. Date deceased last worked at this occupation (month and year): January 1939
11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomfield, Arkansas,

FATHER
13. NAME: Allen S. Crume,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER
15. MAIDEN NAME: Mary F. Beauchamp,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

17. INFORMANT (ADDRESS): Mrs M. B. Crume 3017 Seneca Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Jan'y 18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Belgale & Bowman 319 So. 10th Str. Funeral Home
20. FILED Jan 18 1939 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 16th, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, to Jan 16, 1939
I last saw him alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of stomach	6/38
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Other contributory causes of importance:
Metastases to liver and mediastinum
Starvation Dec 38
Name of operation Gastrectomy Date of Sept 24, 1938
What test confirmed diagnosis? pathological 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) E L Grant, M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Jan. 16, 1

....., or by ✓

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

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.