

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17609

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 151

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Betty Fay Crum
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 29 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 9 _____ yr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Crum
 13. Birthplace Jussumbia Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Agnes Ober
 15. Birthplace Henry Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Crum
 (b) Address Jussumbia Mo

17. (a) Burial (b) Date thereof May 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation W. Zion

18. (a) Signature of funeral director W. Zion
 (b) Address W. Zion

19. (a) 5/8/41 (b) W. Zion
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miller 64
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Jussumbia Rt 1 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 8
 year 1941 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from May 4 to May 9, 1941;
 that I last saw her alive on May 7, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 5/4
 Due to Broncho-pneumonia?
 Due to Pleu exites?
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
119 W

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 W. Zion (M. D. or other) W. Zion
 Address Jefferson City Date signed 5/8/41

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.