

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6987

State File No. _____

FILED MAR 2 1942

Registration District No. 421

Primary Registration District No. 4249

Registrar's No. 8

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 107 N. Sixth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Inez Louise Crump

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-01-1389

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Glenn W. Crump 6. (c) Age of husband or wife live years 21 1919
7. Birth date of deceased March (Month) 21 (Day) 1919 (Year)

8. AGE: Years Months Days If less than one day
21 10 3 hr. min.

9. Birthplace Springfield Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Office work

11. Industry or business Pittsburgh Plate Glass Co.

MOTHER FATHER { 12. Name Alonzo Schubert
13. Birthplace Miller County Missouri (City, town, or county) (State or foreign country)
14. Maiden name May F. Jones
15. Birthplace Miller County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Glenn W. Crump
(b) Address Festus, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Lawn Mem. Park
18. (a) Signature of funeral director Fink Undertaking Co.
(b) Address 222 Main St. Festus, Missouri

19. (a) 1/27/42 (Date received local registrar) (b) J. E. Caldwell M.D. (Registrar's signature)
582 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 23 1942, to Jan 24 1942; that I last saw her alive on Jan 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus?
Due to Ulcerated stomach

Other conditions 117a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 Bertalan Belyan M.D. or other _____ Address Festus, Mo Date signed 1-24-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
3
1

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 _____
Provice

Licensed Embalmer No. *3403*

P. O. Address *Festus 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.