

FILED JUN 23 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
811 Jefferson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. 811 Jefferson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT DUDLEY CRUMP

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Florence Mae Crump 6. (c) Age of husband or wife if alive. 69 years
7. Birth date of deceased. Feb. 22, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 27 hr. min.

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

10. Usual occupation. Farmer

11. Industry or business. Farming

12. Name Elijah Crump
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Jones
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Mae Crump
(b) Address Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 5/23/42
(Month) (Day) (Year)

(c) Place: burial or cremation. Hillcrest Cemetery
18. (a) Signature of funeral director Geo. S. Wallace
(b) Address Fulton, Mo.

19. (a) May 23-42 (Date received local registrar) (b) Joan Mossinoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Day: 1942 Month: May
year. 1942 hour. 3 minute. 40 A. M.

21. I hereby certify that I attended the deceased from 12-8 1941 to 5-19 1942
that I last saw h. j. m. alive on 5-18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Artery Disease

Due to Arteriosclerosis (Generalized)

Due to Chronic Myocarditis

Other conditions. (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 George J. Wood (M. D. or other) D
Address Fulton Mo. Date signed 5/19/42

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

14
1
2

MOTHER FATHER

