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

FILED APR 12 1943

Registration District No. _____

Primary Registration District No. **5780**

1. PLACE OF DEATH:

(a) County: **Miller**
(b) City or town: **RURAL - SALINE**
(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: **13 yrs.** (years, months or days)

3. (a) PRINT FULL NAME: **Chois-Ross-Crum**

3. (b) If veteran, name war: **none**
3. (c) Social Security No.: **none**

4. Sex: **MALE**
5. Color of race: **White**
6. (a) Single, widowed, married, divorced: **Single**

6. (b) Name of husband or wife: **none**
6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **Sept. 17 1927**
(Month) (Day) (Year)

8. AGE: Years: **13** Months: **6** Days: **4**
If less than one day: _____ hr. _____ min.

9. Birthplace: **Miller Co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Student**

11. Industry or business: **Grade school**

12. Name: **Hugh-Ross-Crum**

13. Birthplace: **MORGAN Mo**
(City, town, or county) (State or foreign country)

14. Maiden name: **DORAMA-BUNCH**
(City, town, or county) (State or foreign country)

15. Birthplace: **Miller Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mr. Hugh Ross Crum**

(b) Address: **Eldon Mo**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof: **2/23/43**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Dooley Cem.**

18. (a) Signature of funeral director: **Keith M. Payne**

(b) Address: **Eldon Mo**

19. (a) **3-23-43** (Date received local registrar) (b) **J. D. Speare** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Miller**
(c) City or town: **RURAL - 2 1/2 West of Eldon**
(If outside city or town limits, write "RURAL")
(d) Street No.: _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **MARCH** day: **21**
year: **1943** hour: **9** minutes: **55 P.** M.

21. I hereby certify that I attended the deceased from **3**
6, 19**43** to **3-21**, 19**43**
that I last saw him alive on **3-20**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Embolicus of Lung**
Duration: **3 1/2 hrs**

Due to: **Acute Endocarditis** 12 Day

Due to: **Scarlet Fever** 3 wks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: **no**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: **E. C. Shelton** (M. D. or other)
Address: **Eldon** Date signed: **3-23-43**

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RECEIVED

Miller County Health Dep't.

County File Number 43-27

Date Filed 4-6-43

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

Keith M. Hayes

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.