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State File No. ....

FILED JAN 31 1943

Registration District No. ....

Primary Registration District No. 4049

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Centralia  
(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  
In this community all of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Centralia  
(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 Dec day 25  
year 1943 hour minute M.  
21. I hereby certify that I attended the deceased from  
Dec 23 1942 to 12 23 1943  
that I last saw him alive on 10/23/42, 19...  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mary A Crump  
(b) If veteran, name war A  
(c) Social Security No. ✓

Immediate cause of death Hypostotic Anoxia  
Duration

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married  
6. (b) Name of husband or wife Ben F Crump  
6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased April 27 1871  
(Month) (Day) (Year)

Due to Hypertension and cerebral hemorrhage 12/16  
Due to

8. AGE: Years Months Days If less than one day  
72 7 28 hr. min.  
9. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
8 30 1

10. Usual occupation House wife  
11. Industry or business  
12. Name Richard Mc Minn  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Grace Heart  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

Major findings: Of operations 8 30 1  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Sister Crump  
(b) Address Centralia, Mo  
17. (a) Burial (b) Date thereof 12/27-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Centralia Mo, Cem  
18. (a) Signature of funeral director monahan  
(b) Address Centralia Mo  
19. (a) 12/27-1943 (b) Chas J Wright  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)  
While at work? (e) Means of injury  
23. Signature Chas J Wright (M. D. or other)  
Address Centralia Mo Date signed 12/26/43

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

MOTHER FATHER

1237

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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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *M. M. Danner*.....

Licensed Embalmer No. *4313*.....

P. O. Address *Centerville, 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.**