

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25223

State File No. _____

FILED AUG 12 1944

Registration District No. _____

Primary Registration District No. 9046

Registrar's No. 185

1. PLACE OF DEATH:
(a) County Monteale
(b) City or town California
(c) Name of hospital or institution Latham Sanatorium
(d) Length of stay: In hospital or institution Five Weeks
In this community all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monteale
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? No

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6 year 1944 hour _____ minute 30 P. M.
21. I hereby certify that I attended the deceased from May 28 1944 to July 6 1944
that I last saw her alive on July 6 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Henry Crum (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 31 1865

Immediate cause of death Fracture of hip
Due to Fall

8. AGE: Years 78 Months 6 Days 6

Due to Complications encephalitis

9. Birthplace Monteale

Other conditions _____
Major findings: Of operations no operation
Of autopsy none

10. Usual occupation House wife

11. Industry or business _____
12. Name Beryl Elliott
13. Birthplace Monteale
14. Maiden name Margaret Bryant
15. Birthplace Monteale

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Edgar Crum
(b) Address California

23. Signature L. L. Latham
Address California Date signed 7-7-44

17. (a) Rural (b) Date thereof 7/9/44
(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director J. J. Allred
(b) Address California
(c) Date received local registrar July 7-44

RECEIVED

District Health Officer

District File Number.....

Date Filed 8-10-44

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.....

H. E. Friedmeyer

Licensed Embalmer No.....

28534

P. O. Address.....

California

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.

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 1880

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(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

3. (a) PRINT FULL NAME Amanda Crum

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 (Month) 2 (Day) 1944 (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 16 Year 1944 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to Fall from chair in house. Climbed onto up on chair. She had some degree of senile dementia
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 D. L. Latham (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

25773