

FILED NOV 4 1944

Registration District No. 67

Primary Registration District No. 62-064118

1. PLACE OF DEATH

(a) County Christian  
(b) City or town Sparta Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sparta Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)  
In this community Most of Her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town Sparta Mo. 27  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sparta Township 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna M. 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 Married  
6. (b) Name of husband or wife Wm H. Crum 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased Nov 14 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 29 hr. \_\_\_\_\_ min.

9. Birthplace Christian Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business \_\_\_\_\_

12. Name John W. Abbott

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

14. Maiden name Walter Woody

15. Birthplace Mo. 17  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Crum

(b) Address Sparta Mo

17. (a) Burial (b) Date thereof: Dec 15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta Cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Osark Mo

19. (a) Dec 3-1944 (b) Mrs S. M. Johnson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 13  
year 1944 hour 7 minute 10 2 M.  
21. I hereby certify that I attended the deceased from June 1944 to Oct-13- 1944;  
that I last saw her alive on Oct-12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio, Renal, vascular Syn.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 131A

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 R. Garrison K. Wilson (M. D. or other) Mo. License 4460

Address Sparta, Mo. 2 Date signed 10-21-44

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

2109

1258

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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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.