

FILED FEB 7 1946

Registration District No. _____

Primary Registration District No. 4217

State File No. _____

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Urich
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(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 Mack Henry Crump

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

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

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

7. Birth date of deceased JANUARY 6 1963
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-----------|-------|--------|-----------|----------------------|
| <u>83</u> | | | <u>17</u> | hr. min. |

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

10. Usual occupation RETIRED BUSINESS MAN

11. Industry or business _____

12. Name EDWARD C. CRUMP

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

14. Maiden name MARGARET A. CHILDERS

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

16. (a) Informant MOMENA CRUMP SWACKHAMER

(b) Address Urich, Mo.

17. (a) BURIAL (b) Date thereof Jan 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urich Cemetery

18. (a) Signature of funeral director W. J. Brown

(b) Address Urich Mo.

19. (a) 1-25-46 (b) R. A. Kennedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42
(c) City or town Urich
(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 Jan 23 day _____ year 1946 hour 7:30 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 26, 1945, to Jan 23, 1946, that I last saw him alive on Jan 23, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration short

Due to Arteriosclerosis Cardiac Dilatation 2 weeks

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:

Of operations _____
Of autopsy Autopsy
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 F. J. McDonald (M. D. or other) _____
Address Urich Mo. Date signed 1-27-46

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

FEB 27 1946

MAR 8 1946

OFFICE NO. 7

1-46-34

2-6-46

Date Paid

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 R. R. Kennedy

Licensed Embalmer No. 3099

P. O. Address Clinton 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.