

FILED OCT 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. 33990

Registration District No. 170

Primary Registration District No. 2033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. High Way 66 opposite Camp Joy
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Malvina Crumb

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife H. J. Crumb 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Dec. 28, 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name W. H. Miller

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

14. Maiden name Sarah Ann Miller

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

16. (a) Informant Mrs. Edith Rose

(b) Address Lebanon mo.

17. (a) Burial (b) Date thereof 9-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. H. Holman

(b) Address Lebanon mo.

19. (a) Oct 11, 1946 (b) Ans Frankburger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 14 March, 1946 to 24 Sept, 1946
that I last saw h. or alive on 24 Sept, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to
Due to

Other conditions Aritmiasis 4 yr
(Include pregnancy within 3 months of death)

Major findings: Embolus left leg 4 days
Of operations

Of autopsy 93D

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) (c) Means of injury

23. Signature Paul A. Jantius (M. D. or other)

Address Lebanon, mo. Date 26 Sept 46

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

MOTHER FATHER

Received 10-17-46

Laclede County Health Unit

File No. 9-46-143

Date Filed 10-21-46

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.