S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1948

Registration District No. 399

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5928

Primary Registration District No. 4456

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Appleton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellett Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 26 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Leonard W. Crump

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Roberta W. Crump

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased October (Month) 2 (Day) 1894 (Year)

8. AGE: Years 53 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Centralia Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation Street Car operator

11. Industry or business

FATHER
12. Name George W. Crump 9
13. Birthplace — (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mariah Gentry
15. Birthplace Centralia Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Roberta Crump
(b) Address Osceola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elwood Cemetery

18. (a) Signature of funeral director F B Goodrich
(b) Address Osceola Mo

19. (a) Mar. 1-48 (Date received local registrar) (b) Mrs. Cleo Abney (Registrar's signature) 94

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 1
year 1948 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from 24 Feb 1948, to 1 Mar 1948
that I last saw him alive on 1 Mar 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from esophageal varices

Due to Cirrhosis of Liver

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? O
(Specify type of place)

While at work? (e) Means of injury

23. Signature W H Ellett (M. D. or other) MD

Address Appleton City, Mo Date signed 1 Mar 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-222
Date Filed 3-12-48

MAR 24 1948

MAR 17 1948

APR 1 1949

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.