No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 448

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7874

Primary Registration District No. 1000

Registrar's No. 385

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1120 Felix Street-Geib Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community: Most of lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1120 Felix Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John Thomas Crum
3. (b) If veteran; name war: None
3. (c) Social Security No.: 488-14-6412

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: May Crum
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 20 (Day) 1896 (Year)

8. AGE: Years 51 Months 6 Days 8 If less than one day: hr. min.

9. Birthplace: Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Dishwasher
11. Industry or business: Apex-Buffalo Tavern

FATHER
12. Name: Thomas Crum
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Sussie Layson
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Zelma Wells
(b) Address: 311 N. 9th St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 4-1-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1948 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from February 9, 1948 to March 28, 1948 that I last saw him alive on March 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver with metastasis in region of stomach	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: G. H. Werner (M. D.)
Address: Kirkpatrick Bldg. St. Joseph, Missouri Date signed: 3-29-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.