

FILED MAY 8 1948

Registration District No. **237**

Primary Registration District No. **5825**

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

72
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1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Caton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
 (c) City or town Caton, Mo
 (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 _____

3. (a) PRINT FULL NAME ANDY CRUMP
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
 year 1948 hour 5:00 minute A.M.

4. Sex M 2) 5. Color or race Col
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 2-12-16 to 1948 to _____ 19____
 that I last saw him alive on 2-16- 1948
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec 12 1870
 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 18
 If less than one day hr. _____ min. _____

Immediate cause of death
Hypertensive Heart Disease 4 mos
Chronic Nephritis 10 mos

Due to _____
 Due to _____

9. Birthplace Aberdeen Mississippi
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER {
 12. Name William Crump
 13. Birthplace Aberdeen Mississippi
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ellen Wilson
 (b) Address Caton, Mo

17. (a) Burial (b) Date thereof 3-28-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Caton, Mo

18. (a) Signature of funeral director Richard Hud. Co
 (b) Address New Madrid Mo

19. (a) 5-1-48 (b) Dr. Geo. W. Husted
 (Date received local registrar) (Registrar's signature)

(Specify type of place)
 While at work? _____ (a) Means of injury _____

23. Signature W. A. Fungel (M. D. or other) _____
 Address 7048 Locust St. Charleston, Mo. 4-2-48

RECEIVED

District Health Office No. 2,

District File Number 548-587

Date Filed 5-6-48

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.....

Allen C McGowan, Registered Apprentice No. 512
working under my personal supervision.

Signed L. H. Hilgipath

Licensed Embalmer No. 3803

P. O. Address New Market, 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.