

No. 300
1-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1948
Registration District No. 1884

Primary Registration District No. 4147

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -----
Entire life (Specify whether)

In this community Entire life
years, months or days

3. (a) PRINT FULL NAME ADDIE LANCASTER CRUMP

3. (b) If veteran name war None

3. (c) Social Security No. -----

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Crump

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June, 1st, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 11
If less than one day hr. ----- min. -----

9. Birthplace Tipton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Public

MOTHER FATHER { 12. Name Nelson Crump

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

14. Maiden name Malisa Stinson

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

16. (a) Informant Clara Crump (Wife)

(b) Address Bunceton, Mo.

17. (a) Burial (b) Date thereof 11/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Mo.

18. (a) Signature of funeral director Jessie E. Richards
(b) Address Tipton, Mo.

19. (a) 11-15-48 (b) Willie Daulton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1st 1948 to Nov. 6 1948.
that I last saw him alive on Nov. 6 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DEFICIENCY
Gastric carcinoma
Due to -----
Due to -----

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

Major findings:
Of operations W B
Of autopsy -----

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 J. F. Pitts (M. D. or other) MD.
Address Tipton Mo. Date signed 11/15/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-29-48

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Jesse E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton 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.