DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25223

State File No.

Registration District No. FILED AUG 12 1944

Primary Registration District No. 9046

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution Latham Sanitorium D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five Weeks (Specify whether

In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Amanda Crum

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 Henry Crum

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

7. Birth date of deceased Dec (Month) 31 (Day) 1865 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 28, 1944, to July 6, 1944, that I last saw her alive on July 6, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture of hip, right.	about 6 weeks.
Due to: Fall.	
Due to: Complications encephalitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no operation	
Of autopsy none	

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?

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

23. Signature L. L. Latham (M. D. or coroner)

Address California Mo Date signed 7-7-44

8. AGE:

Years	Months	Days	If less than one day
78	6	6	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Beryl Elliott

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

14. Maiden name Margaret Bryant

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

16. (a) Informant Edgar Crum

(b) Address California Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/44 (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cem

18. (a) Signature of funeral director Ben Williams

(b) Address California Mo

19. (a) July 7-44 (Date received by local registrar) (b) A. J. Abel (Registrar's signature)

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer

District File Number.....

Date Filed 8-10-44

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 W. E. Friedmeyer

Licensed Embalmer No. 2852

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 1880

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Amanda Crum
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 31 (Day) 1865 (Year)

8. AGE: Years 78 Months 6 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Fall from chair in home & climbed up on chair. She had some degree of senile dementia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1860
18

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

23. Signature L. L. Latham (M. D. or other)
Address Date signed

25223