

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Monteau  
 (c) City or town Kleiner  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Crum  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar 14 1863  
 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monteau MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name William Crum  
 13. Birthplace Monteau MO  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Anna Young  
 15. Birthplace Miller Co MO  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Stephens  
 (b) Address Clarksburg MO

17. (a) \_\_\_\_\_ (b) Date thereof 8 16 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Baptist Church

18. (a) Signature of funeral director William A. Brindley

(b) Address California MO

19. (a) Aug 14-42 (b) Mrs. James Roth  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month August day 14  
 year 1942 hour 2 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from May 1942 to August 14 1942  
 that I last saw h.s.B. alive on August 14 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic pneumonia  
Bilateral lobar  
 Duration 3 days  
 Due to Fracture of femur 2 weeks  
 Due to Generalized arteriosclerosis  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) 068V  
 (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 1

23. Signature Kenneth Latham (M. D. or other) \_\_\_\_\_  
 Address California, MO Date signed 8-15-42

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

MOTHER FATHER

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30825

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 46

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

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 Margaret 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 mar (Month) 7 (Day) 1942 (Year)

8. AGE: Years 79 Months 5 Days \_\_\_\_\_ if less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (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 aug year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Supercardiac pneumonia Duration \_\_\_\_\_

Due to Relational labor 3 days

Due to Fracture of femur 2 weeks

Other conditions Generalized arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
1867

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) accident

(b) Date of occurrence 7-28-42

(c) Where did injury occur? Home (City or town) moniteau (County) MO (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? yes (Specify type of place) (c) Means of injury Fell in yard

23. Signature Keryon Latham (M. D. or other) \_\_\_\_\_

Address California, MO Date signed \_\_\_\_\_

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely due to low contrast or overexposure. The text is organized into several paragraphs, but the individual words and sentences are not discernible.]