

FILED JAN 9 1947

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California, Mo. Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
311 Raymond St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

3. (a) PRINT

FULL NAME Frank Benjamin Crum

3. (b) If veteran,

name war World War # 1

3. (c) Social Security

No. 495-09-7168

4. Sex Male

5. Color or

race Colored

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 August
(Month)

3

(Day)

1896

(Year)

8. AGE:

Years

Months

Days

If less than one day

50

4

20

hr.

min.

9. Birthplace

Jamestown, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation Work In Furniture Store

11. Industry or business _____

12. Name Benjamin Crum

13. Birthplace Jamestown, Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name Emma Wood

15. Birthplace California, Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant Georgia Crum (Sister)

(b) Address California, Mo.

17. (a) Burial (b) Date thereof Dec. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cent, California

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 12-29-46 (b) H. R. Rofesoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Raymond St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1946 hour 10/40 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 17, 1946
to Dec 26, 1946

that I last saw him alive on 12 - 26 -, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Anaesthesia of Aorta Duration _____

Due to Anaesthesia of Aorta 6 min

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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 J. P. Burke Jr (M. D. or other)

Address California, Mo. Date signed 12/28/46

RECEIVED
District Health Officer No. 8,
District File 1-100000
Date Filed JAN 8 1917

JAN 14 1917

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 Mr.

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

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, 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.