

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1944 4

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11542

State File No. _____

Registrar's No. 150

Registration District No. _____

Primary Registration District No. 3046

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 Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All his life (Specify whether years, months or days)
In this community Abram H. Harrison

3. (a) PRINT FULL NAME Abram Harrison Crum

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) _____ (Month) _____

7. Birth date of deceased Apr 22 1889
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William Crum
13. Birthplace Virginia
(City or town, or county) (State or foreign country)
14. Maiden name Mabel
15. Birthplace Virginia
(City or town, or county) (State or foreign country)

16. (a) Informant John English
(b) Address California Mo.

17. (a) Burial (b) Date thereof 2/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director William Friedman

(b) Address California Mo.

19. (a) 2-10-44 (b) A. J. Allen
(Date received local registrar) (Registrar's signature)

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. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1944 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from Feb 1st to Feb 8th
that I last saw him alive on Feb 8th and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Duration 1 year

Due to 9/40
Due to _____

Other conditions Recent attack influenza
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy no 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) _____
(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 other) _____
Address California Mo Date signed 2-9-44

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-21-44

AUG 15 1944

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 HE Friedmeyer
12854

Licensed Embalmer No.....

P. O. Address California N.

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of mo
County of moniteau } ss.

State File No. 11542
Local Registrar's No. 150

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of August, 1944, before me appears L. L. Latham
M. D., who, upon his oath, states that the original record of birth
for Abraham Harrison Crum, died February 8th, 1944, in the State of
Missouri, and which was filed at California Mo on 2-10, 1944, should be corrected as follows:

Item No. 3 a should read Abraham H Crum

Instead of Abraham Harrison Crum

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant L. L. Latham M.D.
Relationship _____

California, MO
Present Address.

Subscribed and sworn to before me this 30th day of August, 1944.

My Commission expires Dec. 20, 1947
H. J. Hood Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

11542