

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30437

Registrar's No.

45

FILED SEP 16 1948

Primary Registration District No.

3046

1. PLACE OF DEATH:

(a) County Moniteau County
(b) City or town California, Mo.
(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

Letha May Crum

3. (b) If veteran,

3. (c) Social Security No.

name war.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Crum 6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 27, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Crum
13. Birthplace Moniteau County
(City, town, or county) (State or foreign country)
14. Maiden name Mary Smith
15. Birthplace Moniteau County
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Crum
(b) Address California, Mo.

17. (a) Burial (b) Date thereof 8/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation California Masonic Cem

18. (a) Signature of funeral director Williams Funeral Home
(b) Address California, Mo.

19. (a) Aug 25-48 (b) Poppy
(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. School Street Owens
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 34 day 34
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 48
to Aug 24, 48
that I last saw EN alive on Aug 24
and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy
hypertension
arteriosclerosis
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

3 weeks

PHYSICIAN

Underline
the cause of
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?
(e) Means of injury

23. Signature Dr. Daniel (M. D. or other)
Address California Date signed 8/25/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 14 1948

FEB 19 1954

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

Hugh E. Williams

Licensed Embalmer No. *3537*

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.