

FILED MAR 2 1942

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Montana  
(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 80 yr (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Susan Florence 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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 31 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Wm H Crum  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Martha Hays  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Abraham Crum

(b) Address California

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director William H. Friedman

(b) Address California

19. (a) Jan 8-1942 (Date received local registrar) (b) Drs. James R. Rosh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montana  
(c) City or town Near California (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 January day 6<sup>th</sup> year 1942 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1 1941 to Jan 6 1942  
that I last saw h.e.R. alive on Jan 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart disease Duration 10 years

Due to Generalized Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Kerryon Latham (M. D. or other) \_\_\_\_\_  
Address California Date signed 1/7/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AUG 15 1944

MAR 1 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..... *H. E. Friedmeyer*  
Licensed Embalmer No..... *2854*  
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.