

FILED FEB 23 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County WASHINGTON
(b) City or town HICKORY GROVE (TOWNSHIP)
(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

2. USUAL RESIDENCE OF DECEASED:

(b) State MO. (b) County WASHINGTON
(c) City or town HICKORY GROVE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

JOHN HENRY CRUMP

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

17

5. Color or race W

6. (a) Single, widowed, married, divorced W. (DOWED)

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV 2 1852
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

89

1

12

hr. _____ min.

9. Birthplace _____

(City, town, or county)

MO. ()
(State or foreign country)

10. Usual occupation

FARMER

11. Industry or business _____

MOTHER FATHER

12. Name THOMAS CRUMP

13. Birthplace MO.

(City, town, or county)

(State or foreign country)

14. Maiden name FRAN GREEN

(City, town, or county)

(State or foreign country)

15. Birthplace MO.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Thomas Crump

(b) Address HICKORY GROVE

17. (a) BURIAL

(b) Date thereof DEC 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BIG RIVER

18. (a) Signature of funeral director J. S. Baycutt

(b) Address London, Mo.

19. (a) 1-24-42

(b) Mrs. J. P. Yeargain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1941 hour 5 minute 8 M.

21. I hereby certify that I attended the deceased from 10-21-1941
12-17 1941 to 12-14 1941
and that death occurred on the date and hour stated above
that I last saw him alive on 12-14 1941.

Immediate cause of death nephritis Ch. Duration _____

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. Yeargain (M. D. or other)
Address London, Mo. Date signed 12-14-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 5-17-39
REV. 5-17-39
U. S. GOVERNMENT PRINTING OFFICE: 1935

804

RECEIVED

District Health Officer No. 4

District File Number 142-139

Date Filed 1-30-42

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, above space should be left blank.