

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

15130
Do not use this space.

DEAD MAY 19 1939
PLACE OF DEATH

(a) County Wape Registration District No. 408
 (b) Township Wape Primary Registration District No. 3020 Registered No. 74
 (c) City Wape (d) Street No. Stones Memorial Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles F. Crum
 (a) Residence, No. 301 N. Madison St. Webb City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Crum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 29, 1867</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wape</u>		
FATHER	13. NAME <u>Peter P. Crum</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Crum</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>(Wife) Anna Crum Webb City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>California, Mo.</u> DATE <u>April 26, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hodge Nelson Webb City, Mo.</u>		
20. FILED <u>April 26, 1939</u> <u>E. G. McEntire, M.D.</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939 to April 25, 1939
 I last saw him alive on April 25, 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cholelithiasis
126
 Other contributory causes of importance:
Surgical shock

Name of operation Cholecystotomy of _____
 What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (Violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) George W. Cox M.D.
 (Address) Webb City, Mo.

X16603

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1053

Date Filed MAY 10 1939

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.....

E. M. Hedge

Registered Apprentice No.....

working under my personal supervision.

Signed E. M. Hedge

Licensed Embalmer No. 2859

P. O. Address McM City

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.