

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 16 1938

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

15315
Do not use this space.

1. PLACE OF DEATH

(a) County Monteclair Registration District No. 571
(b) Township California mo Primary Registration District No. 4335 Registered No. 27
(c) City California mo (d) Street No. 654
(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

(a) Residence, No. Benjamin Franklin Crum St. ☐ (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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About Oct. 20, 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 80 or 85
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
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) Jamestown mo.
13. NAME Elic Crum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Georgia Crum
California mo
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE April 25, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. D. Hardina
Jefferson City mo
20. FILED 4-25 1938 D. R. Popejoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21- 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-11- 1938, to 4-21- 1938
I last saw him alive on 4-21- 1938. Death is said to have occurred on the date stated above, at 12 A. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Acute Nephritis
Date of onset 127
Other contributory causes of importance:
Cystitis and enlarged Prostate
Name of operation None Date of None
What test confirmed diagnosis? Chemical Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 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 None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify H. P. Popejoy M. D.
(Signed) W. R. Popejoy (Address) Jefferson City mo

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,

L. D. Hardiman

or by

Registered Apprentice No....., working under my personal supervision

Signed.....

L. D. Hardiman

Licensed Embalmer No. *1879*

P. O. Address *Jefferson city 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, above space should be left blank.