No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14283

Registration District No. 224 Primary Registration District No. 3846 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau 68
(c) City or town Jamestown Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lethiia Isabelle Crum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
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 12 (Month) 21 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	16	hr. min.

9. Birthplace Moniteau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Wm. H. Crum
13. Birthplace Moniteau County (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Cynthia Welch
15. Birthplace Cedar County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Charles Crum
(b) Address Jamestown
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery, Jamestown
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California Mo.
19. (a) 4-10-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour 9 minute 45 a. M.
21. I hereby certify that I attended the deceased from April 2- 19 47 to April 6 - 19 47
that I last saw h[illegible] alive on April 6 - 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	6 day
Due to Influenza 2 weeks.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no opr. Of autopsy no 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature L. L. Latham (M. D. or other)
Address California Mo. Date signed 4-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number 4-7-47

Date Filed

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. Hulsizer

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.