

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1947

Registration District No. 224

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 5515

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California Mo.
(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 mo. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MISSANIRAH WARD 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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 29 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Nelson Howard
13. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alpha Ann Johnson
15. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sanford Halack

(b) Address Jamestown Mo.

17. (a) Burial (b) Date thereof 2-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Bur. & Crematory Mo.

18. (a) Signature of funeral director Wm. E. Williams

(b) Address California Mo.

19. (a) 2-21-47 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California 1
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1947 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug 30
1946, to Feb 17, 1947
that I last saw her alive on Feb 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 1 year

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 93D
Of autopsy _____
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 0

23. Signature L. D. Latham (M. D. or other) _____

Address California Mo. Date signed 2-18-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-25-47

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. Williams
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.