

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

36082
 Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. 258 S. Dallas Registered No. 772
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lucy B. Russell Crenshaw
 (a) Residence, No. 258 S. Dallas St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED—
 HUSBAND OF _____ John C. Crenshaw
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 3 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. In Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.
 FATHER 13. NAME J. G. Russell
 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Julianna Russell
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.
 17. INFORMANT Mrs. Isabelle Cook (ADDRESS) 258 S. Dallas, City
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Oct 22, 1939
 19. FUNERAL DIRECTOR (NAME) Alma Johnson (ADDRESS) Springfield Mo.
 20. FILED Oct 22, 1939 Chas. A. George, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to Oct 20, 1939
 I last saw her alive on Oct 20, 1939. Death is said to have occurred on the date stated above, at 7:40 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis about Date of onset Oct 18, 39
82.6
 Other contributory causes of importance:
Generalized Arterio-sclerosis
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Paul Callaway, M. D.
 (Address) Springfield Mo.

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.

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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 Harlow Knabb

Licensed Embalmer No. H065

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.

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