

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31952

State File No. _____

Registration District No. 11111 OCT 21 1941

Primary Registration District No. 4298

Registrar's No. _____

1. PLACE OF DEATH: LINCOLN
 (a) County LINCOLN
 (b) City or town TROY, MISSOURI
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lincoln
 (c) City or town Troy (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME GEORGIANA CRENSHAW
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT day 1
 year 1941 hour 10 minute 10 A.M.

4. Sex 3 FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife SILAS CRENSHAW 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased OCT 6 1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-1-40 _____, 19____, to _____, 19____;
 that I last saw HER alive on 9-1-41, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 0 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death _____
 Due to Myocarditis (Chronic)
 Due to _____

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

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

10. Usual occupation LAUNDRESS

Major findings: 93d
 Of operations _____

11. Industry or business HOME

Of autopsy _____

12. Name UNKNOWN

13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

14. Maiden name ROSHIA HUBBARD

15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Hubbard

(b) Address Troy, Mo.

17. (a) Burial (b) Date thereof SEPT 3, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Mo.

18. (a) Signature of funeral director Keshen Kim Home

(b) Address Troy, Mo.

19. (a) Sept 2-1941 (b) Thro Pearl Thro
 (Date received local registrar) (Registrator's signature)

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature JOS Harris (M. D. or other) _____
 Address Troy, Mo Date signed 10-9-41

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

7
2
0

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.....

Joseph J. Marsh

Licensed Embalmer No.

3932

P. O. Address.....

Prof 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.