

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2170

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community 45 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If inside city or town limits, write "RURAL")  
(d) Street No. 428 East Walnut  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NO

3. (a) PRINT FULL NAME HERBERT W. CRENSHAW

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White  
6. (g) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wivan Crenshaw 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 11 - 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 28  
If less than one day hr. min.

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

10. Usual occupation Engineer

11. Industry or business Frisco Rail Road

12. Name Arthur Crenshaw

13. Birthplace Jackson Co. Missouri  
(City, town or county) (State or foreign country)

14. Maiden name Marjorie

15. Birthplace White Cloud Kansas  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Wivan Crenshaw

(b) Address 428 East Walnut St.

17. (a) Burial (b) Date thereof May 12 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo

19. (a) 5/11/43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 3/15, 1943 to 5/9, 1943

that I last saw him alive on 5/9/43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation

Due to Massive cardiac hypertrophy

Due to Acute Coronary

Other conditions (Include pregnancy within 3 months of death) 92a

Major findings: Of operations

Of autopsy cardiac hypertrophy, myocardial infarction

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? St. Joseph, Kansas  
(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

23. Signature James H. Perry (M. D. or other)  
Address 814 Porter Street Date signed 5/14/43

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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 *Paul B. Hill*  
Licensed Embalmer No. 2467  
P. O. Address Indy - 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.**