

S. No. 2
M-8-43
S-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF TRADE MARKS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26570

State File No. _____

Registration District No. 68

Primary Registration District No. 5266

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Dark Mo. R.R.
(If outside city or town limits, give "RURAL" and name of township)

(c) Name of hospital or institution: Rural

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 71 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Dark Mo. R.R.
(If outside city or town limits, give "RURAL")

(d) Street No. 8 mi. N.W. Rural of Dark Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Claud Erenshaw

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wina Erenshaw

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 18 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 6

If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer & Stationer

11. Industry or business _____

12. Name Samuel Erenshaw

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

14. Maiden name Hannie Berkens

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

16. (a) Informant Mrs. Claud Erenshaw

(b) Address Dark Mo. Rural

17. (a) Burial (b) Date thereof July 26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director W.B. Cheffin

(b) Address Dark Mo.

19. (a) Aug 15 1946 (b) W. B. Cheffin
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1946 hour 5:30 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1943
19 _____ to 7/24/46 19 _____

that I last saw him alive on 7/22/46 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease

Duration 3 yrs

Due to _____

Due to _____

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

Major findings: 940

Of operations _____

Of 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? _____

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

23. Signature W. B. Cheffin (M. D. or other) M.D.
Address Springfield, Mo. Date signed 7/25/46

RECEIVED

District Health Officer No. 6,

District File Number 846-885

Date Filed AUG 26 1946

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.