

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.

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

6032
 Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 925

(b) Township Ash Hill Primary Registration District No. 5134c Registered No. _____

(c) City FISK (d) Street No. _____ (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. 1 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

2. PRINT FULL NAME Paul Crenshaw

(a) Residence, No. Fisk, Butler Co Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

1 3

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fisk, Mo

FATHER

13. NAME Nosea Crenshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Thelma May Bee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Nosea Crenshaw (ADDRESS) Fisk, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Hill, Mo DATE 2-26, 1939

19. FUNERAL DIRECTOR Marshall Shain (ADDRESS) _____

20. FILED Mar. 10, 1939 May Adams Local Registrar. 912

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation

Other contributory causes of importance: 1st

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Feb. 25, 1939

Where did injury occur? Fisk, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury to mace cover

Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Grover W. Green Coroner. (Address) Poplar Bluff, Mo

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

STATEMENT BY LICENSED EMBALMER
I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed.....
Licensed Embalmer No.
Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 925
(b) Township Ash Hill Primary Registration District No. 5134c
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Paul Crenshaw
(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar 10 1939 May Adams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation 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 Grower W. Gray care
(Signed) Paul W. Bluff M.D.
(Address) Paul W. Bluff M.D.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

SUPPLEMENTARY

