C650 APR 25 1939

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

11933
Do not use this space.

1. PLACE OF DEATH
(a) County Pike — Registration District No. 687
(b) Township Prairieville — Primary Registration District No. 5915 — Registered No.
or
(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 Ora Crenshaw
(a) Residence, No. 652 St.
(Usual place of abode, if no street address, write county or city) (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) July 28 - 1865
7. AGE: YEARS 73 MONTHS 7 DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

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. farmer
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) Pike Co. Mo

FATHER
13. NAME James Crenshaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

MOTHER
15. MAIDEN NAME Kate Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Mary Gary.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dover Cemetery DATE Mar 24 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gooch Hdwe Co.
20. FILED Mar 24 1939 B M Gooch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1939 to Mar. 23 1939
I last saw him alive on Mar. 23 1939. Death is said to have occurred on the date stated above, at 11:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
93 C	

Other contributory causes of importance:
Pericarditis with effusion.
Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? Yes.

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? No.
If so, specify
(Signed) Dr. D. G. Hazzard, M.D.
(Address) Eolia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-670
Date Filed APR 19 1939

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 Norman E. Hook

Licensed Embalmer No. 2342

P. O. Address Eolia - Mo.

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

If this body is not embalmed, above space should be left blank.