V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27779

FILED SEP 12 1942 FILED SEP 11 1942

Registration District No. 250 Primary Registration District No. 4375 State File No. Registrar's No. 19

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Conception Jct Mo
(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 Mo (b) County Nodaway 74
(c) City or town Conception Jct Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RITA K CRENSHAW
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 26 (Day) 1936 (Year)

8. AGE: Years 6 Months 0 Days 24 If less than one day hr. min.

9. Birthplace Parnell Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Elza Crenshaw
13. Birthplace Parnell Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pansy King
15. Birthplace McHenry Co Ill 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Elza Crenshaw
(b) Address Conception Jct Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Parnell Mo
18. (a) Signature of funeral director Proctor & Phillips
(b) Address Conception Jct Mo
19. (a) 8-22-42 (Date received local registrar) (b) Ast Barnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1942 hour 8 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Chest and Internal hemorrhage.
~~Due to~~ Lacerations of face & scalp.
Due to Wheel of Automobile passing over Chest.
Other conditions (Include pregnancy within 3 months of death) 170 c-6 21
Major findings: Of operations
~~Of autopsy~~ Coroner's Inquest.

Duration

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) Accident 074
(b) Date of occurrence Aug. 19, 1942
(c) Where did injury occur? Conception Jct. Nodaway Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Main Street, Conception Jct. Mo. (Specify type of place)
While at work? (e) Means of injury Automobile
23. Signature W. R. Jackson (M. D. or other)
Address Maryville Mo. Date signed 8-21-42

1243

(Licensed Embalmer's Statement on Reverse Side)

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 Eaton Phillips

Licensed Embalmer No. 1898

P. O. Address Stanberry 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.