

FILED MAY 11 1943

Registration District No. 47

Primary Registration District No. 2162

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town 3 Mi South Stephens
(c) Name of hospital or institution: Cleveland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Stephens Mo
(d) Street No. 3 Mi South (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JANE DUNAVANT CRENSHAW

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Callaway Co (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jas. Dunavant Virginia

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

14. Maiden name Missouri (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Dorothy Wallace

(b) Address Stephens Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Church

18. (a) Signature of funeral director Leah Wallace

(b) Address Fulton, Mo

19. (a) 4-27-1943 (Date received local registrar) (b) Josie Mousink (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1943 hour 10- minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw her er dead on April 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes: Arterio Sclerosis, and apparently a sudden heart attack Duration _____
Due to _____

Due to _____
Other conditions high blood pressure (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none 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) no
(b) Date of occurrence 27 Apr 26-1943
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury Heart
23. Signature L. W. Holman (M. D. or other) Coroner
Address 8 E. 8th St. Fulton Mo Date signed 4-26-43

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

14
00

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, ~~only~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Robert E. White
Licensed Embalmer No. 4168
P. O. Address Fulton, 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.