

Registration District No. 217

Primary Registration District No. 2040

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 yrs. (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSISSIPPI (b) County MISSISSIPPI
(c) City or town CHARLESTON, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. VINE ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME HATTIE CRENSHAW

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race col 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MILTON CRENSHAW 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased AUGUST 30 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 9 1 hr. _____ min.

9. Birthplace COFFEYVILLE MISS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN STARKS
13. Birthplace COFFEYVILLE MISS
(City, town, or county) (State or foreign country)
14. Maiden name NO RECORD
15. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

16. (a) Informant MILTON CRENSHAW
(b) Address VINE ST CHARLESTON, MO.
17. (a) BURIAL (b) Date thereof 6 3 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAK GROVE

18. (a) Signature of funeral director John F. Hummel
(b) Address 112 Charleston, Mo
19. (a) 6/14/42 (b) Mrs. M. M. M...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Sept 4
1942 to June 1 1943;
that I last saw him alive on June 1 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Ca of Cervix
Duration 9 mo

Due to _____
Due to _____

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

Major findings: Of operations H&O
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. B... (Mr. D. or other)
Address Charleston Mo Date signed 6/14/42

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

RECEIVED

District Health Office No. 2

District File Number 613-799

Date Filed 6-8-48

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 John F. Munnell Jr
Licensed Embalmer No. 3851

P. O. Address Charleston 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.