U. S. No. 2
OM—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23530

State File No. .....

FILED AUG 13 1945

Registration District No. 3 Primary Registration District No. 3010 Registrar's No. 237

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S. Eval Missouri Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Jackson 94
(c) City or town Carbondale Ill. (If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 1, Carbondale (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Clara Eva Crawshaw.
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Morley Crawshaw
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Jan (Month) 23 (Day) 1910 (Year)

8. AGE: Years 35 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Murphysboro (City, town, or county) Ill. (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home
FATHER
12. Name Pete Schlenkler
13. Birthplace Ava (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Minnie Mae Bowlin
15. Birthplace Murphysboro (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Mrs. Florence Morris
(b) Address Carbondale Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro, Ill.
18. (a) Signature of funeral director Joe F. Van Natta
(b) Address Carbondale Ill.
19. (a) 7-24-45 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1945 hour 6 minute 30 a.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.

	Duration
Immediate cause of death Sarcoma - Generalized abdominal	2 mo
Due to Pancreatic origin	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations above	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. B. Elrod (M. D. or other)
Address Cape Girardeau, Mo. Date signed 7-24-45

1014 (Licensed Embalmer's Statement on Reverse Side)

Dr. Elrod.

RECEIVED
District Health Officer No. 4
District File Number 845-100
Date Filed 8-10-45

DEC 13 1945

JUL 23 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.