S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12516

Registrar's No. 1402

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Osteopathic Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week (Specify whether

In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 706 Savage 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MR. ALFORD CRENSHAW

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male O

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mrs. Lucille M. Crenshaw

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 23, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	11	4	hr. min.

9. Birthplace Jackson County, Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Livestock dealer

11. Industry or business

FATHER
12. Name Unknown, Crenshaw
13. Birthplace unknown, Missouri O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Mays
15. Birthplace unknown, Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille M. Crenshaw
(b) Address 706 Savage, Independence, Mo.

17. (a) burial (b) Date thereof 3/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lobb Cemetery Indep. Mo.

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.

19. (a) 3-31-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1948 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from 3
20, 1948 to 3-27, 1948
that I last saw him alive on March 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Myocardial decompensation

Due to Aortic insufficiency and mitral stenosis, probably due to rheumatic endocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 92 C

Duration

PHYSICIAN

Underline the cause of 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 M. L. Whelstone M.D. or other DO

Address Independence, Mo. Date signed 3/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1950

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 Tom D. Markland, Registered Apprentice No. 40, working under my personal supervision.

Signed Floyd Carlson

Licensed Embalmer No. 4199

P. O. Address Independence, Ore

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.