N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43847
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe — Registration District No. 583

(b) Township Jefferson — Primary Registration District No. 7[illegible]A — Registered No. [illegible]

(c) City — (d) Street No. — St.

(e) Length of residence in city or town where death occurred 82 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Thomas Mc Creery

(a) Residence, No. Monroe County St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jane Mc Creery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30th 1849

7. AGE: YEARS 89 — MONTHS 4 — DAYS 20 — If LESS than 1 day, hrs. min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired Farmer
10. Date deceased last worked at this occupation (month and year): 1923
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Caleb Mc Creery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Catherine Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs Robert Mc Creery, Stoutsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stoutsville Cemetery DATE: Oct 21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Monroe Co. Wilson & Son, Monroe City Mo

20. FILED: Oct 22, 1938. R. P. Thompson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1938 to Oct 20, 1938

I last saw him alive on July 30, 1938. Death is said to have occurred on the date stated above, at 7.20 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis and Myocarditis — Date of onset: Dont Know

92 N

Other contributory causes of importance: Arteriosclerosis and age

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. C. McMurry, M. D.

(Address) Paris Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-930
Date Filed 1/10/39

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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, above space should be left blank.