

REC'D MAY 22 1939

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

16388

Do not use this space.

## 1. PLACE OF DEATH

(a) County Vernon Registration District No. 874  
 (b) Township Moundville Primary Registration District No. 61518  
 (c) City \_\_\_\_\_ (d) Street No. Moundville, Mo. RFD #1 St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 27 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 266 Thomas Jefferson McCreery  
Moundville, Mo. RFD #1 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie McCreery  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1861  
 7. AGE YEARS 77 MONTHS 10 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation 55 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Andrew Jackson McCreery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Cutlips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Maggie McCreery  
(ADDRESS) Moundville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hickberry Cemetery DATE May 15, 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home  
(ADDRESS) Attonoda, Mo.

20. FILED May 18, 1939 N. B. Truman  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended, deceased from May 12, 1939 to May 12, 1939

I last saw him alive on May 12, 1939 Death is said

to have occurred on the date stated above, at 11:55 P.M.

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

Chronic Myocarditis

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 None

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) Attonoda, Mo.

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.

THIS IS A PERMANENT RECORD

**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 *Person*

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

Signed *Lloyd B. ...*

Licensed Embalmer No. *5857*

P. O. Address *... Va.*

**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.**