

DESD OCT 12 1939

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

31920
Do not use this space.

1. PLACE OF DEATH
 (a) County... Buchanan Registration District No. 35
 (b) Township... 1 Primary Registration District No. 11001 Registered No. 968
 (c) City... St. Joseph (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant daughter Cresap (Joan Sue)
 (a) Residence, No. 2208 South 14th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) None

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 17, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day... hrs. or... min. 30

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri
 13. NAME Marvin Cresap
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

MOTHER
 15. MAIDEN NAME Nettie Rea Norris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

17. INFORMANT Marvin Cresap
 (ADDRESS) 2208 S. 14th, St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cemetery DATE September 18, 1939

19. FUNERAL DIRECTOR (NAME) Walter Weiskopper
 (ADDRESS) 1302 Faraon Street, St. Joseph,

20. FILED Sept 18 39 J. J. Neelbush
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939 to Sept 18, 1939
 I last saw her alive on Sept 18, 1939 Death is said to have occurred on the date stated above, at 6:30a m.
 The principal cause of death and related causes of importance were as follows:
Premature birth
154
 Other contributory causes of importance:
Mother has influenza

Name of operation _____ 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) John J. Corby, M. D.
 (Address) Corby Bldg., St. Joseph

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.

WHILE PRINTED, WITH UNFOLDING INSTRUMENTS IS A PERMANENT RECORD

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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. *#3946*

P. O. Address *St. Joseph, 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.