

JAN 18 1939

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

44082
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 583
(b) Township Jafferson Primary Registration District No. 4345
(c) City or Stautsville (d) Street No. _____ 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 89 yrs. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Francis Jane McCreery
(a) Residence, No. _____ 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas McCreery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 9 -

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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

12. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Robert Donaldson

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

MOTHER
15. MAIDEN NAME Minniva Stribling

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

17. INFORMANT (ADDRESS) W. J. Gaston
Wichita, Mo.

18. BURIAL, CREMATION, OR REMOVAL Crooked Creek
PLACE Monroe Co Mo DATE Dec. 27 1939

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

20. FILED 19 27 1939 R.P. Thompson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1939, to Dec 25 1939
I last saw him alive on Dec 24 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Terminal
107h
Date of onset Dec 24 1939

Other contributory causes of importance: Senility & bad Cell 1939

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) W. J. Gaston M. D.
515 (Address) Monroe City, Mo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

30M-P-19-38
V. S. NO. 2.
I X16003

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.

RECEIVED

District Health Officer No. 10

District File Number 1-40-3

Date Filed JAN 3 1940

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, ~~only~~.....

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

Signed O. W. Wilson.....

Licensed Embalmer No. 1696.....

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.