

Registration District No. MOEN JTL 95 640

Primary Registration District No. 6039

State File No. \_\_\_\_\_

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years \_\_\_\_\_ (Specify whether)  
years, months or days 760

3. (a) PRINT FULL NAME Mary Elise McCreay

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George McCreay 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 6 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Sellers

18. Birthplace Indiana (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name McCreay

15. Birthplace Indiana (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant A. D. Harris Jr.

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof June 6 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edge Park Cem

18. (a) Signature of funeral director Comptell Lewis

(b) Address Marshall Mo.

19. (a) 6-6-40 (b) Byrd Kent  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall Township  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1940 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 10 - 1935  
\_\_\_\_\_, 19\_\_\_\_, to June 4, 1940  
that I last saw her alive on May 3, 1938,  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Quintess

Due to \_\_\_\_\_  
Due to 93H

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 712

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of Injury \_\_\_\_\_

23. Signature John R Lawrence (M. D. or other) \_\_\_\_\_  
Address Marshall Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7-11-40

**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.....

*R. W. Campbell*

Licensed Embalmer No. ....

*3469*

P. O. Address.....

*Marshall, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.