

Registration District No. **772**

Primary Registration District No. **4463**

Registrar's No. **980**

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

1. PLACE OF DEATH:

(a) County **St. Francois**  
(b) City or town **Elvins**  
(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 \_\_\_\_\_  
years, months or days **2 1/2**

3. (a) PRINT FULL NAME **THOS W. McCROREY**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased: **SEPT 4 1886**  
(Month) (Day) (Year)

8. AGE: Years **93** Months **11** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **HENRY CO. TENN.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **Retired croer**

12. Name **R. M. McCreary**

13. Birthplace **Henry Co. TENN.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sue Carnall**

15. Birthplace **TENN.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James McCreary**

(b) Address **Elvins Mo.**

17. (a) **Buried** (b) Date thereof **9 2 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Tenn**

18. (a) Signature of funeral director **Calderel Bess**

(b) Address **Flat River Mo**

19. (a) **9/5/40** (b) **Channer**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Francois**  
(c) City or town **Elvins**  
(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 **Aug** day **30th** year **1940** hour **7 A.** M minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **June 30th** 1940, to **Aug 30 1940**, 19\_\_\_\_; that I last saw him alive on **8/28/40**, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: **Senility; Myocarditis.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature **Channer** (M. D. or other) \_\_\_\_\_

Address **Flat River Mo** Date signed **9/5/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

P. O. Address.....

**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.**