

No. 2  
1-12-40  
17-39  
X23159

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 5

1. PLACE OF DEATH: Harrison  
 (a) County Harrison  
 (b) City or town Bethany  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community about 55 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Harrison  
 (c) City or town Bethany  
(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.

3. (a) PRINT FULL NAME Annie McGregor  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 27  
 year 1941 hour 4 minute 25 A.M.  
 21. I hereby certify that I attended the deceased from January 25, 1941, to January 27, 1941.  
 that I last saw her alive on January 27, 1941, and that death occurred on the date and hour stated above.  
 Immediate cause of death Cerebral hemorrhage  
 Due to Senility

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband Arthur McCreedy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 1849  
(Month) (Day) (Year)

Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions gizk  
(Include pregnancy within 3 months of death)

8. AGE: Years 91 Months 5 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Charleston West Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation 7 farmer

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

MOTHER FATHER {  
 12. Name Unknown  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Bert McGregor  
 (b) Address Bethany Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Jan 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Miriam Cemetery

302  
 While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Joe E. Wheeler  
 (b) Address Bethany Mo  
 19. (a) 1/29/41 (b) Asa McCreedy  
(Date received local registrar) (Registrar's Signature)

23. Signature Ralph L. Walker (M.D. or other) D.O.  
 address Bethany Date signed 1-28-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Joe E. Wheeler*

Licensed Embalmer No. *3519*

P. O. Address *Bethany 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, fact should be so stated above.**