

No. 2
13-40
7-39
X23159

FILED JUN 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 511

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Min.
(Specify, whether years, months or days)
In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 901 Logan Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Royce Vane Creek

3. (b) If veteran, name war None 3. (c) Social Security No. 486-24-7844

20. DATE OF DEATH: Month May day 10th year 1941 hour 1 minute 55 AM.

21. I hereby certify that ~~passed~~ the deceased ~~died~~ on May 10, 1941, to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Maude Elizabeth Creek 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 11 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Starfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired City Clerk

11. Industry or business City of St. Joseph, Mo.

12. Name Abraham Creek

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elion C. Estes

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Newman

(b) Address 1210 Lincoln Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

(d) Signature of funeral director Norman W. Dodgson

(e) Address 1802 Union Str. St. Joseph, Mo.

19. (a) May 10, 1941 (b) H. F. Mundy
(Date received local registrar) (Registrar's signature)

Immediate cause of death: Homicide by firearms, 22 Caliber pistol wound in left lower quadrant of abdomen, penetration of left common iliac vein, contusion of two loops of ileum, internal hemorrhage and shock

Other conditions (include pregnancy within 3 months of death) None
Major findings: None
Of operations: None
Of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence May 10 - 1941
(c) Where did injury occur? St. Joseph, Buchanan Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85 Tavern
While at work? no (Specify type of place) (e) Means of injury Pistol shot

23. Signature H. F. Mundy (M.D. or other) Coroner
Address 464 So 3d St Date signed 5/12/41

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

11
1
7

113

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

Cleox E. Hodges

Licensed Embalmer No. *2729*

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, fact should be so stated above.