

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 302

Primary Registration District No. 4181

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Bland
(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
In this community entire life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Green Edward Creek

8. (b) If veteran, name war 8. (c) Social Security No.

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

6. (b) Name of husband or wife Berthe Creek 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb. (Month) 4 (Day) 1883 (Year)

8. AGE: Years 58 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name 1/2 sec Creek
13. Birthplace Phelps County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary Walls
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Tom Sam Under
(b) Address Bland - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Sassman's Funeral Service
(b) Address Bland Mo.

19. (a) 6-9-41 (Date received local registrar) (b) Ed Bunge MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 081
(c) City or town Rural 0
(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 8
year 1941 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from May 20
1941 to June 8, 1941
that I last saw him alive on June 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
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 Ed Bunge (M. D. or other) 0
Address Bland Mo Date signed 6-9-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

737
000

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

Charles J. Sassaman

Licensed Embalmer No.

4178

P. O. Address

Bland - 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.