

No. 2
1-13-40
-17-39
X23159

FILED DEC 11 1941

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 139

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)

In this community 12 YEARS

3. (a) PRINT FULL NAME MRS BESSIE WINN CREAL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RAY CREAL

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased NOVEMBER 18 - 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 11 19 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name THOMAS WINN

13. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant RAY CREAL

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 11/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM, ILLINOIS

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 11-8-41 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. 601 LeROY STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 6th
year 1941 hour 3:30 minute _____ a.m.

21. I hereby certify that I attended the deceased from Nov 1, 1941, to Nov 6, 1941;
that I last saw h. or alive on Nov 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arteriosclerosis unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations _____

Of autopsy arteriosclerosis

Duration

6 days

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) _____

(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 [Signature] (M. D. or other)

Address New Franklin Mo Date signed Nov 8-41

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-9-41.....

JUL 23 1946

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

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo.

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, fact should be so stated above.