No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 83

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5924

Primary Registration District No. 1001

Registrar's No. 120

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1211 Highly Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (Specify whether
In this community: 51 years
years, months or days)

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.: 806 South 20th. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME: Dora Evelyn Creason

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: None

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: John Creason

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

7. Birth date of deceased: December (Month) 18 (Day) 1878 (Year)

8. AGE: Years 63 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation: None-- Home

11. Industry or business:

MOTHER FATHER

12. Name: Joseph A. Dawson

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

14. Maiden name: Sarah E. Laugh

15. Birthplace: Decatur County (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mrs. J. D. Slaybaugh
(b) Address: 1211 Highly St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-5- 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Hatter Meierhoffer
(b) Address: 1302 Faraon St. St. Joseph, Missouri

19. (a) 2-5-1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd. year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 17, 1942, to Feb. 3, 1942, that I last saw her alive on Jan. 27th, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	3 days
Due to:	appr.
Due to: Coronary Disease. Chronic Myocarditis. Diabetes Mellitus	1 year.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
Of autopsy:

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

23. Signature: [illegible] (M. D. or other) MD
Address: 216 Phys. & Surg. Bldg. Date signed: 2.5.42.

83 (Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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 Oby Jester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.