

FILED MAR 20 1942  
Registration District No. **293**

Primary Registration District No. **4177**

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

1. PLACE OF DEATH:  
(a) County **FRANKLIN**  
(b) City or town **PACIFIC**  
(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)  
In this community **LIFE**  
years, months or days)

3. (a) PRINT FULL NAME **CHARLES McCREERY**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **NONE**

4. Sex **MALE**  
5. Color or race **WHITE**  
6. (a) Single, married, divorced **MARRIED**

6. (b) Name of husband or wife **EMMA McCREERY**  
6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **March 29 1960**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>10</b>	<b>19</b>	hr. min.

9. Birthplace **CATAWISSIA MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

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

MOTHER FATHER

12. Name **ELIJA McCREERY**  
13. Birthplace **UNKOWN Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **MARY ROBERTSON**  
15. Birthplace **UNKOWN Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter McCreery**  
(b) Address **PACIFIC, MO.**

17. (a) **BURIAL** (b) Date thereof **2-20-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PACIFIC, MISSOURI**

18. (a) Signature of funeral director **Pro. S. Huber**  
(b) Address **PACIFIC, MISSOURI**

19. (a) **2/20/42** (b) **Claude Pletcher**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **FRANKLIN**  
(c) City or town **PACIFIC**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **February** day **18**  
year **1942** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Coronary Thrombosis**

Due to **Dropped dead while**

Other conditions **coming from**  
(Include pregnancy within 3 months of death) **supper table**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **940**

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)  
(b) Means of injury **Coroner**

23. Signature **Garnet R. Seltman**  
Address **Gerald, Missouri** Date signed **2-18-42**

**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.....

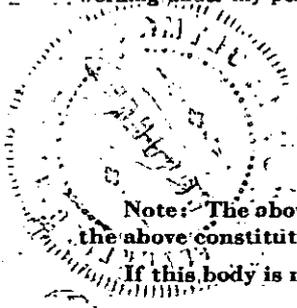
....., Registered Apprentice No.....

..... working under my personal supervision.

Signed *Geo. L. Fisher*

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.**