S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32674

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3738

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3613 St John Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 29 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

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

(d) Street No. 3613 St John Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas V. Creel

3. (b) If veteran, name war no

3. (c) Social Security No. 486-10-5594

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Minnie Creel

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 17 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Beckwith Tenn /
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman Jones Store Co.

11. Industry or business

FATHER
12. Name No Record
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Creel
(b) Address 3613 St John Ave.

17. (a) Burial (b) Date thereof 10-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 10-12-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1942 hour 8 minute 25P M.

21. I hereby certify that I attended the deceased from May 3, 1942 to Oct 9, 1942
that I last saw him alive on Oct 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration 1 week

Due to Chronic Miliary Tuberculosis of Lungs — Unknown

Due to

Other conditions 13 B'
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

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 Sydney J. Johnson (M. D. or other) D.O.
Address 1623 W 9th KC Mo Date signed 10/10/42

(Licensed Embalmer's Statement on Reverse Side)

E.W. Johnson
1623 West 9th
12 - 4 pm

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.....

Licensed Embalmer No.....

P. O. Address.....

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.