

FILED NOV 9 1942
Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 82

24
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town SMITHVILLE, MO.
(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 _____ (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CLAY 24

(c) City or town SMITHVILLE, MO 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME ALICE B. CREEK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 3
year 1942 hour 9: minute 8. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife CRETH CREEK 6. (c) Age of husband or wife if deceased 28 years

7. Birth date of deceased: FEB 23 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10 1942 to Oct 3 1942
that I last saw her alive on Oct 1 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
89 7 10 _____ hr. _____ min.

Immediate cause of death
chronic valvular heart disease, mitral

9. Birthplace SPRINGFIELD, Mo. (City, town, or county) (State or foreign country) 0

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 92

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name RANDOLPH BRITT
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name MALISSA LANGSTON
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

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

16. (a) Informant MRS. MARY E. ENDICOTT
(b) Address SMITHVILLE, MO.

22. If death was due to external causes, fill in the following:

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation SMITHVILLE, MO

(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? _____

18. (a) Signature of funeral director McCombs Funeral Home
(b) Address Smithville Mo.
19. (a) Oct 10 - 1942 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature J. F. Ruple (M. D. or other)
Address Smithville Mo. Date signed 10/4/42

RECEIVED

District Health Officer No. 8,

License File Number.....

Date Filed 11-6-42

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.