

FILED DEC 7 1942

State File No. _____

Registration District No. 341

Primary Registration District No. 6152a

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural R. 3, Stoddard, Mo.
(c) Name of hospital or institution Dexter R. 3 Missouri
(d) Length of stay: In hospital or institution 10 years
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(d) Street No. R. 3 Dexter
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Clemmie Creasy

(b) If veteran, name war None (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married divorced married
(b) Name of husband or wife Noah Creasy (c) Age of husband or wife if alive 29 years
7. Birth date of deceased June 12, 1915

8. AGE: Years 27 Months 4 Days 10 If less than one day

9. Birthplace Harbor Texas (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business self

12. Name John Martin
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Noah Creasy (b) Address Dexter, R. 3 Dexter, Mo.

17. (a) Burial (b) Date thereof Nov. 8, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial
(d) Signature of funeral director Watkins Funeral Serv.

(b) Address Dexter, Mo.

19. (a) 11-10-42 (b) Noia Smith (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 6 year 1942 hour 6 minute 30 PM.

21. I hereby certify that I attended the deceased from Nov. 4, 1942 to Nov. 4, 1942 that I last saw him alive on Nov. 4 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of Bowels

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 15

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature J. P. Hamm (M. D. or other) Address Dexter Date signed 11/10/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

103
00

RECEIVED

District Health Office No. 2,

District File Number 1242-1515

Date Filed 12-5-42

JUN 7 1951

STATEMENT BY LICENSED EMBALMER

was not embalmed

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 *B. J. Brentlinger*

Licensed Embalmer No. 4261

P.O. Address *Dexter, 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.