

V. S. No. 2
FORM-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 138

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

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1. PLACE OF DEATH:

(a) County Van Horn

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

(c) Name of hospital or institution: State Hospital No 3 Nevada 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mo 9 27 days.
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Walter Clark CREES

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Jan 16 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Photographer

11. Industry or business _____

MOTHER FATHER { 12. Name David CREES

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Gene Francis Lindington

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof Dec. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director Thos. C. Hanson

(b) Address Independence, Mo.

19. (a) Dec. 22, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1911 Willow
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th
year 1942 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 21st, 1942 to Dec 18th, 1942
that I last saw him alive on Dec 18th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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? _____

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

23. Signature G.S. Warwick (M. D. or other) _____
Address Nevada, Mo Date signed 12/18/42

Director of Health Officer No. 7,
District File Number 12-42-1509
Date Filed 1-15-43

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 Lloyd Carlson
Licensed Embalmer No. 4199
P. O. Address Independence

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.