S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5097

Registration District No. FILED MAR 15 1943 149

Primary Registration District No. 1002

Registrar's No. 1121

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~~: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 2 Days (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 129 South Van Brunt Blvd. 8
(If rural, give location)

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

If yes, name country ----- 0

3. (a) PRINT FULL NAME Mr. Charles R. Cree

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband~~ or wife Mrs. Florence K. Cree

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 7 (Day) 1866 (Year)

8. AGE: Years 76 Months 11 Days ~~28~~ 27 If less than one day ..... hr. ..... min.

9. Birthplace Elizabeth (City, town, or county) New Jersey (State or foreign country) 1

10. Usual occupation Letter Carrier-Retired 12 Years

11. Industry or business Kansas City Post Office

FATHER
12. Name Cree
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Florence K Cree
(b) Address 129 So. Van Brunt Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6, 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Washington Cemetery

18. (a) Signature of funeral director O. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-5-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1943 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from 1939, 19..., to 3-4-43, 19...; that I last saw him alive on 3-3-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease — Duration 2-3 wks.

Due to 9 4 W

Due to

Other conditions Art. Sclerosis
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert M Mizen (M. D. or other) MD
Address 1025 Rialto Bldg Date signed 3-4-43

(Licensed Embalmer's Statement on Reverse Side)

12-5

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.