

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 27

Registration District No. 174
Primary Registration District No. 3035

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

54
20
30

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 231st South
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

(d) Street No. 21st South
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGIE CREIGLER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1943 hour 10 minute 30 A. M.

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased: April 4 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 5, 19____, to _____, 19____;
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Promalium Veneth Duration _____

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None made

9. Birthplace: Lexington MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Joe Creigler

13. Birthplace: Lafayette MO
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Crowl

15. Birthplace: Lexington MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Margalies O'Donnel

(b) Address Lexington MO

17. (a) Burial (b) Date thereof 4-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington MO

18. (a) Signature of funeral director Winkler

(b) Address Lexington MO

19. (a) May 5-43 (b) Mrs. Fred Schwab
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Ed. H. Edmunds (M. D. or other) _____
Address Lexington, MO Date signed 4-18-43

Handwritten mark

Case No. 8,

District File Number.....

Date Filed 5-15-43

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Forest J. Kempel*

Licensed Embalmer No. 3275-

P. O. Address Lexington, 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.