G. No. 2
M—5-42
5-17-39

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. 24567

FILED JUL 17 1943

Registration District No. 50

Primary Registration District No. 5176

Registrar's No.

1. PLACE OF DEATH:

(a) County Camden Aus Rural Tp

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

(c) Name of hospital or institution: Farm Home & Route 3 Box 32
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15 0

(c) City or town Macks Creek 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3 box 32
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Allen Creach

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife Aushilia

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct (Month) 18 (Day) 1875 (Year)

8. AGE: Years 67 Months 7 Days 30 If less than one day ..... hr. ..... min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Enoch Creach
13. Birthplace Camden Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Hart
15. Birthplace Camden Co (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Dorsey Creach
(b) Address Macks Creek Route 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Creach Cem.

18. (a) Signature of funeral director Bankson-Woolery
(b) Address Camdenton, Mo

19. (a) June 23-43 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943 hour 7 minute 30 A M.

21. I hereby certify that I ~~attended~~ VIEWED the deceased ~~from~~ June 17-1943 at 10:30 AM, 1943 to ....., 19....;
~~that I last saw h.....alive on~~ ....., 19....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemmorrage from Gun Shot thro heart -	
Due to [Self inflicted] (12 gague shot gun)	
Due to mental - physical - breakth - bad -	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy no

164C

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) Suicide
(b) Date of occurrence 7:30 AM June 17-1943
(c) Where did injury occur? Rural Mack Creek (City or town) Camden (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm - Grove 160 yds of home Residence (Specify type of place)
While at work? no (e) Means of injury Shot gun

23. Signature Abbie Woolery Co. Coroner (M. D. or other)
Address Camdenton, Mo Date signed 6/17/43

1337 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-43-703
Date Filed 7-15-43

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 Abbie B Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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.