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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED AUG 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24937

State File No.

Registration District No. ~~318~~ 128 Primary Registration District No. 2000 Registrar's No. 471 A

1. PLACE OF DEATH

(a) County GREENE

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

(c) Name of hospital or institution Burge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7½ hrs. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107 0

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

(d) Street No. RURAL (If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Ruby Leron CREASON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased November (Month) 12 (Day) 1942 (Year)

8. AGE: Years 0 Months 6 Days 25 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Clarence L. Creason
13. Birthplace Plato (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lorine Bolding
15. Birthplace PLATO (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Clarence Creason

(b) Address Plato, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem

18. (a) Signature of funeral director L. F. Evans

(b) Address Houston Missouri

19. (a) July 29, 1943 (Date received local registrar) (b) B. W. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 6-7-43, 19..., to 6-7-43, 19..., that I last saw her alive on 6-7, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Single Acrimia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 73 C	
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 Pickens [signature] M.D. or other

Address Date signed

984

(Licensed Embalmer's Statement on Reverse Side)

S. F. Evans
Hanstein, Mo

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 body was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.