

FILED JAN 15 1944

Registration District No. 337

Primary Registration District No. 6145

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Salt River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Ross S Creach

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased: Jan. 25th, 1919
(Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace: Macks Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Missouri state trooper

11. Industry or business Same

MOTHER FATHER

12. Name George Creach

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

14. Maiden name Tina Bonner

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

16. (a) Informant Mrs. Charlotte Creach

(b) Address Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Macks Creek, Mo.

18. (a) Signature of funeral director William A. Barkley

(b) Address Shelbina, Mo.

19. (a) Jan 3-43 (Date received local registrar) (b) Medgar E. Enoch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
(c) City or town Macon, Mo. 5
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1943 hour 8:00 minute p M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: as the result of being struck by an automobile driven by Ted Kendrick which was being driven at an excessive rate of speed and in a careless manner.

Other conditions: judicial coroner jury
(Include pregnancy within 3 months of death)

Major findings: 1700-8
Of operations _____
Of autopsy _____

Duration

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) Accident 1943

(b) Date of occurrence Dec 12-1943

(c) Where did injury occur? Shelby County Mo
(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 E. P. Thompson 3 Bonner (M. D. or other)

Address Shelbville, Mo. Date signed _____

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

12
0

1095

6290-2

RECEIVED

District Health Officer No. 10

District File Number 1-44-17

Date Filed JAN 1-2-1944

JAN 2 1944

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 Henry G. Berkeley

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

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.