V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30496

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 901

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 611 Paris Ave.
(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 Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 611 Paris Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CLAUD S. CREAL

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 0 male

5. Color or race white

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

6. (b) Name of husband or wife Edith E. Creal

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 17 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
61	4	27	hr. min.

9. Birthplace Buchanan County (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Creal Real Estate

FATHER
12. Name Samuel H. Creal
13. Birthplace St. Joseph (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name Eugenie M. Panigot
15. Birthplace Floresant (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Mrs. Claud S. Creal

(b) Address 611 Paris Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/18/44 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton BeGole & Bowman

(b) Address 319 South 10th

19. (a) 9/16/44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from only on September 14, 1944
that I last saw him alive on 9/14/44, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Disease, hypertensive Myocarditis, Chr.	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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 (M. D. ~~or other~~) 0

Address [illegible] Date signed 9/16/44

1377

(Licensed Embalmer's Statement on Reverse Side) St Joseph, 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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Chas. A. Brown

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.