

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 6 1944

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30987
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 137
 (b) Township Boysard Primary Registration District No. 5505
 (c) City Boysard or Boysard (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laura Euglena Creighton
 (a) Residence, No. Henry Co. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Creighton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-12-1866</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>10</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>Housewife</u>
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bates County, Mo.</u>		
FATHER	13. NAME <u>William B. Bruce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Helen S. Fletcher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Robert Creighton</u> <u>Union, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant</u> DATE <u>9-15-44</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Robert Arnold</u> <u>Creighton, Mo.</u>		
20. FILED <u>Sept. 18, 1944</u> <u>Georgia Kitchen</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Sept 13, 1944</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 12, 1944</u> to <u>Sept 13, 1944</u> I last saw him alive on <u>Sept 12, 1944</u> . Death is said to have occurred on the date stated above, at <u>3:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Cardiac Dilatation</u> <u>Cardiac Arteriosclerosis</u> Other contributory causes of importance: <u>Cardiac Arteriosclerosis</u>
Name of operation <u>Thyroid</u> Date of <u>Sept 13, 1944</u> What test confirmed diagnosis? <u>Thyroid</u> Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>J. G. McDonald</u> M. D. (Address) <u>Union, Mo.</u> <u>9-13-44</u>

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1950

RECEIVED
STATE A.D. 7,
9-44-1102
DATE 1106 10-5-44

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 Hobart Arnold
Licensed Embalmer No. 3621
P. O. Address Croydon, 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, above space should be left blank.