

FILED OCT 14 1944

Registration District No.

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wallace Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede
(c) City or town Lebanon 53
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Jackie Ann Creel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th
year 1944 hour 11 minute 30P. M.

21. I hereby certify that I attended the deceased from 9-17- 1944 to 9-17 1944;

that I last saw her alive on 9-17-44 and that death occurred on the date and hour stated above.

Immediate cause of death congenital debility

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. E. Harrell (M. D. or other) M.D.

Address Lebanon Mo Date signed 9-20-44

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

MOTHER FATHER

12. Name Hezzie Creel
13. Birthplace Doyle La. (City, town, or county) (State or foreign country)
14. Maiden name Adrian Gresham
15. Birthplace Atlanta Ga. (City, town, or county) (State or foreign country)
16. (a) Informant Hezzie Creel
(b) Address St. Leonard Wood, Mo.
17. (a) Lebanon (b) Date thereof 9/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo
18. (a) Signature of funeral director W.E. Helms
(b) Address Lebanon Mo
19. (a) Oct-2-44 (b) Grace Pope
(Date received local registrar) (Registrar's signature)

Dv Harrell 1090 (Licensed Embalmer's Statement on Reverse Side)

Received

Laclede County Health Unit

File No. 9-44-127

Date Filed 10/11/44

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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.