

FILED OCT 13 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH31584
Do not use this space.

1. PLACE OF DEATH

(a) County Bay Registration District No. 298
 (b) Township Boyer Primary Registration District No. 6024
 (c) City Lanson Mo (d) Street No. _____ St.
 (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. _____ How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James David Creason
 (a) Residence, No. LANSON MO 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 18 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Jan 1943
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

FATHER 13. NAME David C Creason

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elizabeth Jane Battle

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Miss J. D. Creason
Lanson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Ridge DATE 9-23-44

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Morrow
Lanson Mo

20. FILED 9-22-44 1944 W. A. Beard
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1944

22. I HEREBY CERTIFY, That I attended deceased from May, 1944, to Sept. 21, 1944.
 I last saw him alive on Sept. 20, 1944. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Oesophagus, metastatic
Generalized Arteriosclerosis Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1944

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? No.

If so, specify _____

(Signed) Ole Gust Buchner, M. D.

(Address) Lanson Mo.

RECEIVED

District Health Officer

State of

City of

10-10-64

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Et Springs 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.