

S. No. 2  
 M-8-43  
 V. 5-17-39  
 I X37823

34352

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 8 1944  
 Registration District No. 139

Primary Registration District No. 4775

Registrar's No. 75

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

1. PLACE OF DEATH: **Holt**  
 (a) County **Holt**  
 (b) City or town **Oregon**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) **1**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **Lifetime**  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Holt** **44**  
 (c) City or town **Oregon** **0**  
 (If outside city or town limits, write "RURAL") **0**  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **John Andrew Kreek**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Oct** day **4th**  
 year **1944** hour **7:30** minute **A** M.  
 21. I hereby certify that I attended the deceased from **Sept 1**, 1944, to **Oct 4**, 1944,  
 that I last saw him alive on **Sept**, 1944,  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Amanda Belle Kreek** 6. (c) Age of husband or wife if alive **74** years  
 7. Birth date of deceased **January** **5** **1852**  
 (Month) (Day) (Year)

Immediate cause of death **Myocardial Weakness 2 days**  
 Duration \_\_\_\_\_

8. AGE: Years **92** Months **9** Days **0** If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Prostatic Indigestion**  
 Due to **prostatic Bid ure feeding**

9. Birthplace **Uniontown** **Penna.**  
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
 \_\_\_\_\_

10. Usual occupation **Retired Merchant**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **none**  
 PHYSICIAN **370**  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name **Thomas Isreal Kreek**  
 13. Birthplace **Baltimore** **Maryland**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Elizabeth Jackson**  
 15. Birthplace **Uniontown** **Penna.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Belle Kreek**  
 (b) Address **Oregon, Missouri**

22. If death was due to external causes, fill in the following:  
 (c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? **no injury**  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **Oct. 8 1944**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oregon, Missouri**

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

18. (a) Signature of funeral director **James H. Pettigrew**  
 (b) Address **Oregon Mo**  
 19. (a) **Oct. 8 - 1944** (b) **Pauline Dawson**  
 (Date received local registrar) (Registrar's signature)

23. Signature **E. F. Newmyer** (M. D. or other)  
 Address **Oregon Mo** Date signed **9/16/44**

1183

---

---

**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.....

*Carrie H. Pettigrew*

Licensed Embalmer No.....

*3192*

P. O. Address.....

*Oregon 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.**