

FILED APR 21 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 401

1. PLACE OF DEATH:

(a) County Boonville Mo.

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

(c) Name of hospital or institution Wm. M. E. Hoop
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether)

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry

(c) City or town King City Mo 39
(If outside city or town limits, write "RURAL")

(d) Street No. 9th
(If rural, give location) 2

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

If yes, name country _____

3. (a) PRINT FULL NAME George William McCrea

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1945 hour 3 minute 35 A.M.

4. Sex Male 5. Color or race can

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan 29 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/2 1945 to 4/18 1945
that I last saw him alive on 4/17 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 9 Days 26
If less than one day hr. min.

Immediate cause of death Coronary thrombosis

Due to: Coronary arteries 3

9. Birthplace Delaware Mo
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy 9/40

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John W. McCrea

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Woodard

15. Birthplace Mo
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant J. B. McCrea

(b) Address King City Mo

17. (a) Removal (b) Date thereof 4-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo

18. (a) Signature of funeral director W. J. Pappert

(b) Address King City Mo

19. (a) 4-18-45 (b) W. J. Pappert
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature W. J. Pappert (M. D. or other)

Address King City Mo Date signed 4/18/45

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

P. G. Taggart

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 *P. G. Taggart*

Licensed Embalmer No. *2563*

P. O. Address *King City 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.