

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED 26 1945

Registration District No. 78

Primary Registration District No. 5369

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Jarvis

(b) City or town Sheridan Twp Rural
(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)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

(c) City or town Hamilton - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Raymond John McCreary

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-14-6549

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 45 hour 9 A M minute _____ M

4. Sex Male () race White

5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 4 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from found dead hanging in garage Sept 10 1945

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging self inflicted.

Duration _____

8. AGE: Years 35 Months 8 Days 6 If less than one day _____ hr. _____ min.

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

Due to feeble mind, poor physical condition

Due to _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name James A. McCreary

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

14. Maiden name Sally McCreary

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

16. (a) Informant Mrs Sally McCreary

(b) Address Hamilton Mo

17. (a) Burial (b) Date thereof Sep 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem Hamilton Mo on Farm

18. (a) Signature of funeral director Oran & Son

(b) Address Hamilton Mo

19. (a) 9-11-1945 (b) L. O. Ficherson
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 164

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Sept 10 - 1945

(c) Where did injury occur? Rural Daviess Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature W. Bailey D. D. (M. D. or other)

Address Gallatin Mo Date signed Sept 11/45

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

R. J. Brown

Licensed Embalmer No. *2052*

P. O. Address *Hamilton 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.