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M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37362**

FILED NOV 16 1945

Registration District No. 139

Primary Registration District No. 5326

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Oregon-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 Malcolm Kreek
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas O. Kreek 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 29 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis E. Carouthers
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name _____ (State or foreign country) 9
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Frank Kreek
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Oct. 16 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrove
(b) Address Oregon Mo

19. (a) Oct 16 (b) James H. Pettigrove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 6 hour 15 minute A. M.
21. I hereby certify that I attended the deceased from Oct 3 1945 to Oct 14 1945
that I last saw her alive on Oct 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 month
Due to Orthopedic Deformities 10 years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93% 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? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature E. J. Newberry (M. D. or other) _____
Address Oregon Mo Date signed 10-15-45

(Licensed Embalmer's Statement on Reverse Side)

1454

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

44
3

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 H. Pettigosh*

Licensed Embalmer No. *3193*

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.