

S. No. 2
M-5-43
5-17-39
P I X36671

FILED FEB 4 1946
Registration District No. 27

Primary Registration District No. 6022

State File No.

Registrar's No. 13

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Henrietta Rural
 (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
 In this community.....
 years, months or days)

3. (a) PRINT William Franklin Creason
 FULL NAME
 3. (b) If veteran, No name war. 3. (c) Social Security No
 No. No

4. Sex Male 5. Color or White
 race White
 6. (a) Single, widowed, married, Married
 divorced
 6. (b) Name of husband or wife Elizabeth Creason
 6. (c) Age of husband or wife if 67
 alive years
 7. Birth date of deceased Dec. 23 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 -- 25 hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Hamilton Creason
 13. Birthplace Orrick Mo. U
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Maria Conyers
 15. Birthplace Orrick Mo. U
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. O. P. Creason
 (b) Address Henrietta, Mo.

17. (a) Burial (b) Date thereof Jan. 19. 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Riffe Cemetery

18. (a) Signature of funeral director Thurman
 (b) Address Richmond, Mo.

19. (a) Jan. 19-46 (b) Malcol Jackson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Henrietta
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2. Miles South East
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
1946 year hour 12. minute P. M.

21. I hereby certify that I attended the deceased from
Jan 15 1946 to Jan 17 1946
 that I last saw him alive on Jan 17 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Arterio Sclerosis

Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 946
 Of operations.....
 Of autopsy.....

Duration

20 min

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?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....
 23. Signature W. J. Gaines (M. D. or other) M.D.
 Address Richmond, Mo. Date signed 1-19-46

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

1851

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, ~~###~~

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2073

P. O. Address. Richmond. 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.