No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24667

State File No.

Registration District No. 296 Primary Registration District No. 60-174444 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Camden
(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 67 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Ray
(c) City or town Camden
(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 JOSIE LEE CREASON
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 Married
6. (b) Name of husband or wife James L. Creason
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April (Month) 13 (Day) 1879 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 3 | 2 | hr. min. |

9. Birthplace Camden (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ---
MOTHER FATHER
12. Name Levi Barber Stiles
13. Birthplace Marietta, (City, town, or county) Ohio (State or foreign country)
14. Maiden name Cerilda M. Luellen
15. Birthplace Bethany, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant James L. Creason
(b) Address Camden, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Missouri
18. (a) Signature of funeral director [illegible]
(b) Address Richmond, Missouri
19. (a) 7-18-46 (Date received local registrar) (b) Helen V. Larkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1946 hour 8:10 minute P. M.
21. I hereby certify that I attended the deceased from 1-1-45, 1945 to 7-15-46, 1946 that I last saw her alive on 7-15-46, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Carcinoma Colon
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
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? (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. E. Fay (M. D. or other)
Address Richmond Date signed 7-17-46

272 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-3-46

**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, ~~my~~.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed E. Wiseman

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.**