

FILED DEC 17 1946

Registration District No. 75

Primary Registration District No. 3014

Registrar's No. 88

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

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Liberty  
(c) Name of hospital or institution Homey Center  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all her life (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay  
(c) City or town Liberty  
(d) Street No. 454 - 2 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MOLLIE T CREEK

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband David M. Creek 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Sept 9 1856  
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mr. D. Forman

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

14. Maiden name Agnes B. Forman

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

16. (a) Informant Miss Catherine Forman

(b) Address 454 2 Franklin Liberty

17. (a) Burial (b) Date thereof Dec 7 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pyramid - Liberty Mo

18. (a) Signature of funeral director Chas. Archer  
(b) Address Liberty Mo

19. (a) Dec 6, 1946 (b) Marion Hayes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 P.M.  
year 1946 hour 9 minute 00

21. I hereby certify that I attended the deceased from Jan 2 1936 to Dec 4, 1946  
that I last saw him alive on Dec 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death General debility

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Bridget Mollie (M. D. MD)  
Address Liberty Mo Date signed 12-6-46

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RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-14-46

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, or by.....

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

working under my personal supervision.

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.