

1. PLACE OF DEATH:

(a) County RANDOLPH

(b) City or town MOBERLY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: M. CORMICK HOSP. 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE 69

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7 M. N. OF MADISON 0
(If rural, give location)

(e) Citizen of foreign country? NO 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHESTER FOREST MCCREERY

3. (b) If veteran, name war L

3. (c) Social Security No. NONE

4. Sex MALE 0 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 0

6. (b) Name of husband or wife ALMA MAE MCCREERY

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased JUNE 24 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 8 20 hr. min.

9. Birthplace MONROE CO., MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name THEODORE M. CREEERY

{ 13. Birthplace FLORIDA MO. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name SARAH BELLE FOREE

{ 15. Birthplace FLORIDA MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ALMA M. MCCREERY

(b) Address RT 4, MADISON, MO.

17. (a) BURIAL (b) Date thereof MAR. 17, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ORR. GROVE C.E.M.

18. (a) Signature of funeral director Speed-Plakay

(b) Address TARKS, MO. 0

19. (a) March-47 (b) Leah Williams-Pace
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 14
year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 10, 1947 to March 14, 1947
that I last saw him alive on March 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 days

Due to _____

Due to _____

Other conditions Bronchial asthma years
(Include pregnancy within 3 months of death)

Major findings: 35B

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? _____

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

23. Signature W. J. Gurney (M. D. or D.O.) D.O.
Address Madison MO Date signed 3-16-47

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

RECEIVED
District Health Officer No. 10
District File Number *4-47626*
Date Filed *APR - 1 1947*

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 *A. B. Blakey*
Licensed Embalmer No. *2614*
P. O. Address *Paris, Missouri*

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.