

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16123

Registration District No. 237

Primary Registration District No. 4497

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Shelby County

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Sixty years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby / 102

(c) City or town Clarence, Mo. /
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Creekmur

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Creekmur 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 6th 1862
(Month) (Day) (Year)

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

84 7 20 hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name William Creekmur

13. Birthplace Kentucky
(State or foreign country)

14. Maiden name Susan Harris

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

16. (a) Informant Mrs. Thomas Creekmur

(b) Address Clarence, Mo.

17. (a) Burial (b) Date thereof 3-28-1947
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo.
Million & Barkelew

18. (a) Signature of funeral director Clarence, Mo.

(b) Address _____

19. (a) April 24 (b) Ruth Jaeger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 26th day
year 1947 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from June, 1939, to March 26, 1947;
that I last saw him live on March 26, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's Disease Duration 10 years

Due to uremia 1 week

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131B

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) 2

(e) Means of injury _____

23. Signature B. L. Edgington (M. D. or other) D.D.
Address Clarence, Mo. Date signed April 1947

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

RECEIVED
District Health Officer No. 10
District File Number *447225*
Date Filed *APR 15 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.....

James D. Davis....., Registered Apprentice No. *443*
working under my personal supervision.

Signed..... *W. Hawkins*
Licensed Embalmer No. *3498*
P. O. Address..... *Phillips 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.