

State File No.

Registrar's No. 27

Registration District No. 101

Primary Registration District No. 239-34110

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town AVA
(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

In this community _____
years, months or days)

3. (a) PRINT William M. Creech
FULL NAME

3. (b) If veteran, name war _____ 17 _____

6. (a) Single, widowed, married, divorced _____ None _____

4. Sex Male o 5. Color or race _____ White _____

6. (b) Name of husband or wife _____ Fannie Blair Creech _____

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

7. Birth date of deceased _____ January 1, 1876 _____

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	7	18	_____ hr. _____ min.

9. Birthplace Cumberland, Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

MOTHER FATHER

{	12. Name	Louis Crsecht, Jr.	/
	13. Birthplace	Cumberland, Ky.	
	14. Maiden name	Battle Willard	
	15. Birthplace	Cumberland, Ky.	/

16. (a) Informant Carl Brech
(b) Address Arno, Missouri

17. (a) Burial (b) Date thereof 9-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. . . . rno

18. (a) Signature of funeral director _____ **Clinkingbeard Funeral Home**

(b) Address Ava, Missouri

19. (a) Oct. 2-47 (b) Vesta Bush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Arno
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1947 hour 5 minute 30 P/ M

21. I hereby certify that I attended the deceased from July 12
2 1947 to Aug. 15, 1947
that I last saw him alive on Aug. 15, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death. Heart Failure Duration

Due to Nephritis with Edema

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (c) Means of injury

[Handwritten signature]

for R. H. F. Corp. Mar. 22,

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 1047-1092
Date Filed OCT 23 1947

OCT 28 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..... *W B Hutchinson*.....

Licensed Embalmer No. 3431

P. O. Address Ora Ward

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.