. No. 2
1—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26839

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Cedar Grove Nursing 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50

(c) City or town Desoto 2
(If outside city or town limits, write "RURAL")

(d) Street No. 815 Kelly St. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DANIEL EDWARD McCREARY

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Elizabeth McCreary

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. 16 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	19	hr. min.

9. Birthplace Moberly (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Machinist

11. Industry or business R.R. machinist

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edw. McCreary

(b) Address Desoto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery St Louis Mo.

18. (a) Signature of funeral director Dinnell B. Dietrich

(b) Address Desoto Mo.

19. (a) 8-6-48 (Date received local registrar) (b) Richard Marsden (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1948 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 10, 1948 to August 5, 1948
that I last saw him alive on August 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of pancreas with obstructive jaundice, ascites. — Duration 3 to 6 mos

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51B

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 Thomas A. Donnell (M.D. or other) M.D.

Address Desoto, Mo. Date signed Aug 6, 1948

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1948

APR 26 1949

SEP 14 1948

RECEIVED
District Health Officer No. 9,
District File Number AUG 16 1948
Date Filed

AUG 20, 1948

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Delta 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.