

FILED JAN 5 1949

Registration District No. **192**

Primary Registration District No. **5718**

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

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Rural Prarie  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

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

(d) Street No. South West City, Mo. R#  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Viola Pearl Creek

(b) If veteran, name war --

(c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19  
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 18-48  
1948 to Dec. 19 1948

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Ellis Creek 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: APRIL 17 1889  
(Month) (Day) (Year)

that I last saw her alive on Dec. 18 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

8. AGE: Years 59 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertension

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

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

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

10. Usual occupation Housewife

11. Industry or business " "

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

Of autopsy 83a

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John C. Crispin

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

14. Maiden name Mary Newman

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Everett H. Duncan

(b) Address South West City, Mo.

17. (a) Burial (b) Date thereof 12-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saratoga Cem.

18. (c) Signature of funeral director Wm Morris Rogers

(b) Address Wheaton, Missouri

19. (a) 12-22-48 (b) Virginia Bush  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature W. Wilson (M. D. or other) \_\_\_\_\_  
Address Wheaton, Ark. Date signed 12-20-48

RECEIVED

District Health Officer No. 6,

District File Number 1248-1425

Date Filed \_\_\_\_\_

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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 Wm Morris Payne

Licensed Embalmer No. 3447

P. O. Address Wheaton, 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.