

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3904

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 178

117  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>3124 S. 15th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3124 S. 15th Street</u>		d. STREET ADDRESS <u>3124 S. 15th Street</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>John</u>		(Month) (Day) (Year) <u>February 11, 1950</u>	
b. (Middle) <u>Webster</u>		c. (Last) <u>Cregger</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 9, 1870</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Contractor (Retired)</u>	11. BIRTHPLACE (State or foreign country) <u>Chatham Hill, Virginia.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Hat tie Caroline Cregger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>I.E. Cregger</u>		ADDRESS <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Oculonephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</u> <u>4 1/2 2 2</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 10</u> , 19 <u>50</u> , to <u>Feb 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>50</u> , and that death occurred at <u>6:55P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. F. Mundy M.D.</u>		23b. ADDRESS <u>St. Joseph Mo</u>	
23c. DATE SIGNED <u>2/13/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Febr. 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marion</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 16, 1950</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u>	ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>

**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~~\*\*\*\*\*

\*\*\*\*\*                      \*\*\*\*\*                      \*\*\*\*\*                      Student Embalmer No.                      \* \* \* \* \*

working under my personal supervision.

Student .....  
                    \*\*\*\*\*  
                    Student Embalmer

Signed *Albert C. Harrington*  
Licensed Embalmer No. 3258 Missouri.  
P. O. Address St. Joseph, 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.