

S. No. 2
M-5-43
5-17-39
I X36671

State File No.

Registrar's No. 13

FILED FEB 4 1946
Registration District No. 27

Primary Registration District No. 6022

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Henrietta Rural
 (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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town Henrietta
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2.Miles South East
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT William Franklin Creason
 FULL NAME
 3. (b) If veteran, No name war
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan, day 17, 1946
 year hour minute P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Creason
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Dec. 23 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15, 1946, to Jan 17, 1946
 that I last saw him alive on Jan 17, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 -- 25 hr. min.

Immediate cause of death Coronary Thrombosis Duration 20 min
 Due to arteriosclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 946
 Of operations _____
 Of autopsy _____

9. Birthplace Orrick Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farming

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

11. Industry or business _____
 12. Name Hamilton Creason
 13. Birthplace Orrick Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Maria Conyers
 15. Birthplace Orrick Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. O. P. Creason
 (b) Address Henrietta, Mo.
 17. (a) Burial (b) Date thereof Jan. 19. 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

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) (e) Means of injury _____

(c) Place: burial or cremation Riffe Cemetery
 18. (a) Signature of funeral director Elmerman
 (b) Address Richmond, Mo.
 19. (a) Jan 19-46 (b) Malcol Jackson
 (Date received local registrar) (Registrar's signature)

23. Signature GW Gaines (M. D. or other) M.D.
 Address Richmond, Mo. Date signed 1-19-46

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

1851

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, ###

Registered Apprentice No. _____

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.