

REC'D MAY 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15232  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 425  
(b) Township Crevasse Primary Registration District No. 5580 Registered No. 127  
(c) City..... (d) Street No..... St.  
(e) Length of residence in city or town where death occurred 87 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

650 FRANK CREAM  
(a) Residence, No. Byrnewille Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Flanagan Des

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retail farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm  
10. Date deceased last worked at this occupation (month and year) Dec 9, 1937 11. Total time (years) spent in this occupation 65 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byrnewille Jefferson Co. Mo.

FATHER 13. NAME Bernard Cream

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Catherine Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Eugene Corlean

18. BURIAL, CREMATION, OR REMOVAL PLACE Blount Hillston DATE 3/10/39

19. FUNERAL DIRECTOR (ADDRESS) W. H. Harrison

20. FILED 7 Mar 39 James A. Townsend Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 Mar 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1938, to March 8, 1939

I last saw him alive on March 5, 1939 Death is said to have occurred on the date stated above, at 1:25 pm.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis Date of onset 1926

Other contributory causes of importance: Age

Name of operation none Date of.....

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify W. H. Dalton (Signed)....., M. D.

(Address) Fenton Mo.

WRITE PLAINLY, WITH UNFAADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, John H. Brunner, Licensed Embalmer No. 1470  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John H. Brunner  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed John H. Brunner  
Licensed Embalmer No. 1470

**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.)**