

Rev. 5-17-39  
1 X 1951

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FEB MAR 11 1940  
255

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6437

Registration District No. 255

Primary Registration District No. 4155

Registrar's No.

1. PLACE OF DEATH:

(a) County Davies  
(b) City or town Winston Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davies  
(c) City or town Winston  
(If outside city or town limits, write "RURAL")  
(d) Street No. X (If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME David Ray Creechman  
3. (b) If veteran, name war X 3. (c) Social Security No. X  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 19 1940  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb, day 20th  
year 1940 hour 7 minute A.M.  
21. I hereby certify that I attended the deceased from Feb 19  
1940 to Feb 20, 1940  
that I last saw him alive on Feb 19, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Winston Mo  
(City, town, or county) (State or foreign country)

Immediate cause of death Pneumonia Duration \_\_\_\_\_  
Due to unknown  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Charles Creechman  
13. Birthplace Winston Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Viola Reed  
15. Birthplace Winston Mo  
(City, town, or county) (State or foreign country)  
16. (a) Informant's own signature Chas Creechman  
(b) Address Winston Mo  
17. (a) Burial (b) Date thereof Feb 20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial Winston Mo  
18. (a) Signature of funeral director Hale A. Stroup  
(b) Address Winston Mo  
19. (a) 2/20/1940 (b) Fred W. Wilson  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Fred W. Wilson (M. D. or other) \_\_\_\_\_  
Address Winston Mo Date signed 2/20/40

**RECEIVED**

District Health Officer No. 11;

District File Number 340-296

Date Filed MAR 8 1940

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**