FILED JUN 14 1940

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

18209
Do not use this space.

WRITE PLAINLY, WITH UNFADING 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.

1. PLACE OF DEATH
(a) County: Clay — Registration District No. 201
(b) Township: Liberty — Primary Registration District No. 5280 — Registered No. 38
(c) City: Liberty — (d) Street No. 1007 Home Hospital St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. (f) How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. PRINT FULL NAME: 621 Joseph Alexander Cresap
(a) Residence, No. ... St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 19 1859
7. AGE: YEARS 80 — MONTHS 7 — DAYS 19 — If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN): Gibson Co (STATE OR COUNTRY): Tennessee

FATHER
13. NAME: James Cresap
14. BIRTHPLACE (CITY OR TOWN): unk (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Joe Ann Puckett
16. BIRTHPLACE (CITY OR TOWN): unk (STATE OR COUNTRY): Ky

17. INFORMANT: Paul Rogers sup (ADDRESS): Liberty Mo By Vie
18. BURIAL, CREMATION, OR REMOVAL PLACE: 1007 Cemetery Liberty Mo DATE: May 10 1940
19. FUNERAL DIRECTOR: Wm Hill Funeral Home (ADDRESS): Liberty Missouri
20. FILED: June 10 1940 — W. A. Shafer, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8 1940

22. I HEREBY CERTIFY, That I attended deceased from May 10 1938, to May 8, 1940
I last saw him alive on May 8, 1940. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows: Senility — Date of onset

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Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... 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.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) F. H. Matthews, M. D.
940 (Address) Liberty Mo 5/9/40

(Licensed Embalmer's Statement on Reverse Side)

I X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-12-48

STATEMENT BY LICENSED EMBALMER

I, Victor E. Irminger, Licensed Embalmer No. 2896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No. 2896

working under my personal supervision.

Signed Victor E. Irminger

Licensed Embalmer No. 2896

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.)