

No. 2
13-40
17-39
X23159

REGISTRATION DISTRICT NO. **85**

Primary Registration District No. **1001**

Registrar's No. **701**

1. PLACE OF DEATH: **BUCHANAN**
 (a) County **BUCHANAN**
 (b) City or town **ST. JOSEPH**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **27 days**
 In this community **27 days**
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME **CORINTHIA CREEKMORE**
 (b) If veteran, name war **none**
 (c) Social Security No. **none**

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 14 1874**
 (Month) (Day) (Year)

8. AGE: Years **66** Months **5** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business **1**

MOTHER FATHER
 12. Name **Frank B. Creekmore**
 13. Birthplace **Whitney Co. Ky.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah Jane Snyder**
 15. Birthplace **Whitney Co. Ky.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hosp # 2**
 (b) Address **St. Joseph, Mo.**

17. (a) **Removed** (b) Date thereof **7-3-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hamilton, Mo.**

18. (a) Signature of funeral director **James F. Jones**
 (b) Address **Hamilton, Mo.**

19. (a) **July 1, 1940** (b) **H. J. Nestor**
 (Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Little Blue Co. Home**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1**
 year **1940** hour **50** minute **30** a.m.

21. I hereby certify that I attended the deceased from **June 4**
1940, to **July 1**, **1940**
 that I last saw her alive on **June 30**, **1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease

Due to _____
 Due to **95%**

Other conditions **Psychosis with Cerebral Arteriosclerosis**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **none performed**
 Of autopsy **none performed**

Duration
June 1940
 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) **no**
 (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?
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While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **D. P. Johnson** (M. D. or other) **M.D.**
 Address **State Hosp # 2** Date signed **7-1-40**

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

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

Morris A. Bray

Licensed Embalmer No.

3918

P. O. Address

Hamilton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.