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7-39
K23159

Registration District No. 85

Primary Registration District No. 4388

State File No. _____

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County Demiseat

(b) City or town Cynthiana

(c) Name of hospital or institution: 809 Beshwith Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 32 years
years, months or days

3. (a) PRINT FULL NAME WALTER EDWARD CRECELIOUS

3. (b) If veteran, name war xbone

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Delena Agnes Creadin

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 30 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Cold Friday Community, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Beshwith

11. Industry or business as above

12. Name Warrisaw Crecelious

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Warrisaw

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Francis Betman

(b) Address Cynthiana, Mo

17. (a) Burial (b) Date thereof 31 141
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cynthiana, Mo

18. (a) Signature of funeral director Carroll

(b) Address Cynthiana, Mo

19. (a) March 29 1941 (b) Ada Motter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demiseat

(c) City or town Cynthiana
(If outside city or town limits, write "RURAL")

(d) Street No. 809 Beshwith Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour 6 minute 25 A M.

21. I hereby certify that I attended the deceased from Feb 14, 1941, to March 13, 1941;
that I last saw him alive on March 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Duration 7 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy None

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? _____

5 85 While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Crecelious (M. D. or other) _____

Address Cynthiana, Mo Date signed 3/17/41

4-41-11

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.....

J. S. Scherman

Licensed Embalmer No. 4086

P. O. Address *Cynthiana, Ky*

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.