V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5278

Primary Registration District No. 1002

Registrar's No. 859

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 West 57th Street Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 601 West 57th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Helen Creek

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Verlin W. Creek

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

7. Birth date of deceased March (Month) 12 (Day) 1899 (Year)

8. AGE: Years 42 Months 11 Days ~~20~~ 19 If less than one day ..... hr. ..... min.

9. Birthplace Baton Rouge (City, town, or county) / Louisiana (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name Henry P. Bower
13. Birthplace (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Cora S. Smith
15. Birthplace Shreveport (City, town, or county) / Louisiana (State or foreign country)

16. (a) Informant X Robert W. Creek
(b) Address 601 W. 57th Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3/3/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1942 hour 9 minute 06 P. M.

21. I hereby certify that I attended the deceased from JULY 8, 1939, to MAR. 1, 1942, that I last saw her alive on MAR 1 '42, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL THROMBOSIS	1 DAY
Due to HYPERTENSION	YRS.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 0

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature G. C. Quintgard (M. D. or other) M.D.
Address 6444 Prospect K.C.M. Date signed MAR. 2 '42

(Licensed Embalmer's Statement on Reverse Side)

Creek

6944 Prospect Avenue
1-4-7-9

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 O. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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.