

Registration District No. 78 Primary Registration District No. 5370

300
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 1/2 Mi. S. W. Gallatin, Mo. /
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town "Rural" Liberty Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 Mi. S. W. Gallatin
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Alfred Creekmore

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1942 hour About 4 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nellie E. Creekmore

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

7. Birth date of deceased May 13 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him/her on Dec 31, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>7</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death Carbon monoxide poisoning Duration _____

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

10. Usual occupation Farmer

Due to Free exhaust fumes in automobile.

Due to _____

11. Industry or business Own Farm

12. Name William Creekmore

13. Birthplace Caldwell County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alvira Place

15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Wm. Creekmore

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 1-2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Hope Eurn. Undt.

(b) Address Gallatin, Mo.

19. (a) 1-4-1943 (b) H. C. Pederson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 031

(b) Date of occurrence Dec 31 - 1942

(c) Where did injury occur? 2 1/2 mi. S. W. of Gallatin on road
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
2 1/2 mi. S. W. of Gallatin on Public Road.

23. Signature F. B. Bailey (M.-D. or other) Dr

Address Jamesport Mo. Date signed 1-4-43

1087

MAR 2 1943

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..... *L. O. Richesson*.....
Licensed Embalmer No. *3302*.....
P. O. Address *Gallatin, 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.