

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

FILED AUG 11 1943 149
 Registration District No. _____

Primary Registration District No. 1002

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:
4907 Michigan Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 23 Years

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson 3
 (c) City or town Kansas City F
(If outside city or town limits, write "RURAL")
 (d) Street No. 4907 Michigan Avenue
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country France 0

3. (a) PRINT FULL NAME Mrs. Marie Walle Creasy
 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
 6. (b) Name of husband or wife Mr. Albert Creasy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 15 1864
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 79 | 1 | 9 | _____ hr. _____ min. |

9. Birthplace France 5
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Lexis Walle

13. Birthplace France 5
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Straley

(b) Address 4907 Michigan

17. (a) Burial (b) Date thereof July 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Calvary Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-26-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
 year 1943 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec 10, 1943, to July 24, 1943;
 that I last saw her alive on July 23, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death Consumption of the esophagus

Due to 46a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

While at work? _____ (Specify type of place)
 (c) Manner of injury _____
 23. Signature P. E. Brown (M. D. or other) MD
 Address 628 Prop. Bldg Date signed 7-26-43

625 Professional Bldg
9-11-25

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address NC 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.