

FILED OCT 7 1943

Registration District No. 47

Primary Registration District No. 5643008

Registrar's No. 282

1. PLACE OF DEATH

(a) County Callaway  
(b) City or town Fulton, Missouri  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Elizabeth Creacy

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife L. S. Creacy 6. (c) Age of husband or wife if alive 34 years (Day) (Year)

7. Birth date of deceased. June 8 186 (Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 8 If less than one day .hr. min.

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

10. Usual occupation Housewife

11. Industry or business Mark A. Craighead

MOTHER FATHER

12. Name Callaway County

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

14. Maiden name Caroline C. Payne

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

16. (a) Informant Rupert Creacy

(b) Address Fulton Mo. R.F.D. #2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cem

18. (a) Signature of funeral director Leo G. Wallace

(b) Address Fulton, Mo

19. (a) 9-3-1943 (Date received local registrar) (b) Joee M. M... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton, Mo.

(d) Street No. R. F. D. # 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 16 1942 to Sept 29 1943 that I last saw her alive on Aug 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured femur. Fracture caused by a fall on the floor of her own home, impact 1942.

Due to also had arterio sclerosis & chronic pulmonary trouble

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97 Of autopsy

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) (e) Means of injury

Signature [Signature] (M. D. or other) Address Fulton, Mo Date signed 9/3/42

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

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**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.....

*Leo G. Wallace*

Licensed Embalmer No. *3373*

P. O. Address *Fulton 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.**