

FILLED APR 20 1944

State File No. ....

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 103

1. PLACE OF DEATH:

(a) County MARION  
 (b) City or town HANNIBAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
LEVERING HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 DAYS  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MARION  
 (c) City or town PALMYRA MO.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 1

3. (a) PRINT FULL NAME JOHN E. CREACEY

3. (b) If veteran, name war NOT KNOWN 3. (c) Social Security No. ....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ABOUT 79 9 hr. min.

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

10. Usual occupation. NO KNOWN

11. Industry or business. NO KNOWN

12. Name. NO KNOWN

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

14. Maiden name. NO KNOWN

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

16. (a) Informant FROM RATION BOOK

(b) Address. ....  
 17. (a) CITY CEMETARY (b) Date thereof 2-28-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PALMYRA MO.

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmyra, Mo.

19. (a) 3-22-44 (b) R. H. Connor  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25  
 year 1944 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2-25-44 to 2-25-44  
 that I last saw him alive on 2-25-44 and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction  
Carcinoma of Colon

Due to Carcinoma of Sigmoid

Due to Serulity of

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

Major findings: Of operations Carcinoma Sigmoid

Of autopsy. ....

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

(a) Accident, suicide, or homicide (specify) X  
 (b) Date of occurrence. ....  
 (c) Where did injury occur? X (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 0

23. Signature J. A. Hart (M. D. or other)  
 Address Hannibal, Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK

MOTHER FATHER

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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 *A. M. Sprague*

Licensed Embalmer No. *999*

P. O. Address.....

**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.**