

FILED APR 4 1946

State File No. _____

Registration District No. 179

Primary Registration District No. 56674287

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County LINCOLN

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

(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 _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN⁵⁹

(c) City or town TROY²
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME William Thomas Creech

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 10
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 1
1946 to 3-10-1946

that I last saw h.i.m. alive on 3-10-1946
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Sarah Crouch Creech

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

7. Birth date of deceased FEB. 2, 1867
(Month) (Day) (Year)

Immediate cause of death

Due to Cerebral Hemorrhage

Due to arterio sclerosis

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

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

Major findings: _____

Of operations _____

Of autopsy 830

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation FARMER

11. Industry or business RET.

MOTHER FATHER { 12. Name Preston Creech

13. Birthplace LINCOLN Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name LEAH CRUME

15. Birthplace LINCOLN Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Creech (WIFE)

(b) Address TROY, MISSOURI

17. (a) BURIAL (b) Date thereof MAR. 13, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY, CEM. TROY, MO.

18. (a) Signature of funeral director Kemp B. Riddle

(b) Address Troy, Missouri

19. (a) 3-12-46 (b) Mrs Emma B. Riddle
(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) _____

(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? No (Specify type of place) (c) Means of injury _____

23. Signature H. Harris (M. D. or other) _____

Address Troy Mo Date signed 3-12-46

MAR 5 1949

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 Joseph J. Marsh.
Licensed Embalmer No. 3932
P. O. Address Proy, Missouri.

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.