S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

12357

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. 13451

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 120

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 10 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 304 South Liberty 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Myrtle Creel

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Jessie E.Creel

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

7. Birth date of deceased April 12,1876 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Carroll Co.Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jess Shirley
13. Birthplace Missouri Tenn. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Rakin
15. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Dronenburg
(b) Address 304 So.Liberty, Ind. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2,1946 (Month) (Day) (Year)
(c) Place: burial or cremation Norborne, Mo.

18. (a) Signature of funeral director Geo.C.Carson
(b) Address 101 N.Pleasant, Ind. Mo.

19. (a) Apr. 12,1946 (Date received local registrar) (b) James S. Bailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 26, 1946 to March 31, 1946 that I last saw her alive on March 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia

Due to

Due to 1860-5 14

Other conditions Cerebral thrombosis
(Include pregnancy within 3 months of death)

Major findings: Of operations Fract rt Hip 3/26/46 Reduced & affixed C Pruning - 3-26-46
Of autopsy no 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) Accident in home

(b) Date of occurrence March 26, 1946 120

(c) Where did injury occur? In her home Independence Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Her home - fell on floor (Specify type of place)

While at work Answered door bell Means of injury fell

23. Signature C.H. Allen M.D. (M.D. or other)

Address Independence Mo Date signed 4-1-46

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(Licensed Embalmer's Statement on Reverse Side)

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 R. D. Leslie

Licensed Embalmer No. 4123

P. O. Address Springfield 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.