

FILED FEB 21 1947

Registration District No. 383

Primary Registration District No. 5647

State File No. \_\_\_\_\_

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Albert E Creviston

3. (b) If veteran, name war \_\_\_\_\_ 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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 15 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 13 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Carl Creviston

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

14. Maiden name Annabel Dickerson

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

16. (a) Informant Carl Creviston

(b) Address Verona, Mo. Rural

17. (a) Burial (b) Date thereof Jan-30-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry Sam Gallant, Mo

18. (a) Signature of funeral director H. D. Douth

(b) Address Mo.

19. (a) 2-12-47 (b) A. Philbrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 35

(a) State Missouri (b) County Lawrence

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

(d) Street No. Rural Rd  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27<sup>th</sup>  
year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 15  
Jan 27, 1947, to Jan 27, 1947;  
that I last saw him alive on Jan 27, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary - Heart, occlusion  
Failure of fragments  
Due to small hole close 12 day

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: no

\* 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) (e) Means of injury \_\_\_\_\_

23. Signature P. A. Halmer (M. D. or other) 0

Address Mo. Date signed 1-27-47

RECEIVED

District Health Officer No. 6,

District File Number 247-246

Date Filed FEB 18 1947

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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.....

By me....., Registered Apprentice No.....  
working under my personal supervision.

Signed Max L. Jossett.....

Licensed Embalmer No. 4252.....

P. O. Address M. W. L. Jossett, 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.