

**FILED MAR 24 1947**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **338**

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1809 Prospect Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community About 40 Years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1809 Prospect Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country #

3. (a) PRINT FULL NAME Mary Eugenia Creal

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samuel H. 6. (c) Age of husband or wife if alive \* years

7. Birth date of deceased August 6 1859  
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 29  
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name Paul C. Panigot

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

14. Maiden name Mary Ann Beaupre

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

16. (a) Informant Mrs. Cattalina Robertson

(b) Address 1809 Prospect Ave.

17. (a) Burial (b) Date thereof Mar. 8, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Herbert J. Jenkins

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Mar. 12, 1947 (b) H. L. Jenkins  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 5  
year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr 18 1946 to March 3 1947  
that I last saw her alive on March 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Heab. mel.

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

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

Other conditions Myocard. chl.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 6

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) (c) Means of injury 2

23. Signature Frank J. Jenkins (M. D. or other) D  
Address 670 Dorco Date signed 3/5/47

Duration \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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, James T. O'Connell, Registered Apprentice No. 486 working under my personal supervision.

Signed Elmer Phoenix

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.**