

No. 2
-12-45
-17-39

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36919

State File No. _____

FILED OCT 24 1947
BUREAU OF THE CENSUS

Registrar's No. 35

Registration District No. 372

Primary Registration District No. 4552

1. PLACE OF DEATH:

(a) County Rehoboth

(b) City or town Mtn. Grove 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 _____ (Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jopas 114

(c) City or town Mtn. Grove, Rural #4
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No 0

3. (a) PRINT FULL NAME Delbert Ellis Creiger

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1947 hour 11 minute 7 P.M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased: June 21, 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>3</u>	<u>19</u>	_____ hr. _____ min.

Immediate cause of death: This child gives a history of epileptic convulsions but died without recent medical attendance, probably from epilepsy, on the way to a doctor.

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

Due to _____

Due to _____

10. Usual occupation _____

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

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER

12. Name Delbert E. Creiger

13. Birthplace Mercer Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Edith Ratterlee

15. Birthplace Dawson, Mo. 0
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Delbert E. Creiger

(b) Address Mtn. Grove Mo.

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

17. (a) Burial (b) Date thereof 10/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove, Mo.

(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 0

19. (a) 10-21-47 (b) A.B. Ames
(Date received local registrar) (Registrar's signature) 2478

23. Signature A.B. Ames Local Registrar (M. D. or other) M.D.
Address Mountain Grove, Mo. Date signed 10-21-47

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

OCT 25 1960

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.....

Russell Barber

Licensed Embalmer No.....

3848

P. O. Address.....

North Grove, 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.