No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 61 1947
Registration District No. 38

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 37043 Miller
Registrar's No. 303

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10
(a) State Missouri (b) County Boone 2
(c) City or town Columbia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 104 Ripley St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DORA CREASY
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 2
6. (b) Name of husband or wife Keter Creasy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 - 1 - 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	7	26	hr. min.

9. Birthplace Boone County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Milton Nichols
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sally Watson
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Wilhite Convalescent Home
(b) Address 104 Ripley St., Columbia, Mo.
17. (a) Burial (b) Date thereof 11-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 11-29-47 (b) Mrs R E Palmer 36
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1947 hour 10 minute 50 A.M.
21. I hereby certify that I attended the deceased from Sept 1947, 19..., to Nov. 27, 1947, 19...;
that I last saw her alive on Nov. 27 1947, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death cirrhosis of the liver
Due to alcoholism.
Due to
Other conditions Anemia (secondary.)
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
124 A

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature James G. Miller (M. D. or other) DO
Address 312 C.C. Ave Columbia Date signed 29 Nov 47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number .....
Date Filed 12-5-47

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.