

No. 300
1-10-47
5-17-39
W-I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **226228**
Registrar's No. **3275**

FILED AUG 26 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)
In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. Hyde Park Hotel **8**
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Luther Creason

3. (b) If veteran, name war no.

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 11
year 1948 hour 5:45 minute A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Mary E. Creason 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased September 8 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 5, 1947 to August 11, 1948, and that death occurred on the date and hour stated above.

I last saw him alive on August 10, 1948,
Immediate cause of death Congestive heart failure Duration

8. AGE: Years Months Days If less than one day
77 11 3 hr. min.

Due to Coronary sclerosis
Angina Pectoris
Coronary occlusion

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Lumberman

11. Industry or business X

Major findings:
Of operations 93/8

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name George H. Creason **9**

13. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. McClenney

15. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs. Mary E. Creason

(b) Address Hyde Park Hotel, Kansas City, Mo.

17. (a) entombment (b) Date thereof 8-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-13-48 (b) Geraldine Holmes
(Date received local Registrar) (Registrar's signature)

(Specify type of place) While at work (c) Means of injury 0

Signature J.P. Baughman (M. D. JAMES)

Address 315 Alameda Rd., K. O., MO. Date signed 8/12/48

Dr. H. P. Boughnow

JUL 30 1958

MAY 20 1957

MAY 7 1957

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 Charles H. Stickney
Licensed Embalmer No. 45-608
P. O. Address K.C. 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.