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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36225

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

FILED NOV 22 1948

Registration District No. 1214

Primary Registration District No. 5458

Registrar's No. 34

1. PLACE OF DEATH

(a) County Greene

(b) City or town Walnut Grove, Mo  
(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 Greene 39

(c) City or town Walnut Grove, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

3. (a) PRINT FULL NAME Webbiam Arthur Creed

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9<sup>th</sup>  
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 8<sup>th</sup>, 1948, to Nov 8<sup>th</sup>, 1948;  
that I last saw him alive on Nov 8<sup>th</sup>, 1948;  
and that death occurred on the date and hour stated above.

4. Sex Male (1) race White

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 5<sup>th</sup> 1880  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

68 2 6 — hr. — min.

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

10. Usual occupation FARMER

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

Of autopsy g.m.w

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Retired

12. Name John Creed

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

14. Maiden name Sarah E. Stokes

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

16. (a) Informant Mrs. Nora Ross

(b) Address Walnut Grove Mo R2

17. (a) Funeral (b) Date thereof November 12, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hypack Show County

18. (a) Signature of funeral director Gene B. Brown

(b) Address Walnut Grove, Mo

19. (a) 11-12-1948 (b) Truett O. Wilson  
(Date received local registrar) (Registrar's signature)

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) (2) Means of injury 0

23. Signature J. J. [Signature] (M. D. or other) \_\_\_\_\_

Address Walnut Grove Mo Date signed 11/12/48

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

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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.....

*James B. Phelps* - ..... , Registered Apprentice No. *215*  
working under my personal supervision.

Signed *Gene A. Brown* .....

Licensed Embalmer No. *2664* .....

P. O. Address *Warren Brown 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.**