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31370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 12 1945

Registration District No. 376

Primary Registration District No. 6071

Registrar's No. 155

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution
Route 1 Bonne Terre, Mo
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94:

(c) City or town Bonne Terre 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Route 1 0
(If rural, give location) 0

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

3. (a) PRINT FULL NAME ALICE LOE McCREARY

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from June
2 15 - 1944 to Sept 1 - 1945
that I last saw her alive on Sept 1 - 1945
and that death occurred on the day and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife William McCreary

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

7. Birth date of deceased March 18 1868
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration 2 1/2 yrs

Due to infarction

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

77 4 13 hr. min.

Due to _____

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

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

10. Usual occupation Retired

Major findings: 93d

Of operations _____

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name Louis Z. Pratte

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

14. Maiden name Spa. Ste. James

15. Birthplace Ste. Genevieve Missouri
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Mrs. Dolores Pinkelton

(b) Address R-1 Bonne Terre, Mo

17. (a) Burial (b) Date thereof 9-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. J. Cemetery

18. (a) Signature of funeral director Bertram H. ...

(b) Address 313 Bentons Bonne Terre Mo

19. (a) 9-18-45 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature A. P. Evans (M. D. or other) _____
Address Bonne Terre Mo Date signed 8-2-45

1397

(Licensed Embalmer's Statement on Reverse Side)

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

ED

Health Officer No. 4

File Number 1045-119

Date Filed 10-9-45

Boards 1 Board here over

ARICE JOE MCGREARY

*William McGreary
March 18 1888*

*77 4 18
Missouri*

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 _____

working under my personal supervision. _____
Registered Apprentice No. _____

Signed *C. J. Claywell*

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.