

FILED MAY 10 1944

Registration District No. 276

Primary Registration District No. 3061

Registrar's No. _____

136 1567418

1. PLACE OF DEATH:
(a) County ST. FRANCIS
(b) City or town ESTHER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number in location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ABDWT 28 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. FRANCIS
(c) City or town ESTHER
(If outside city or town limits, write "RURAL") 94
(d) Street No. _____ (If rural, give location) 5
(e) Citizen of foreign country? NO. (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY CREPPS
3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1944 hour 2 minute 15 AM.
21. I hereby certify that I attended the deceased from 4-22-
1944, to 4-23, 1944;
that I last saw him alive on 4-23, 1944,
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARA MAE CREPPS
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased OCTOBER 6 1970
(Month) (Day) (Year)

Immediate cause of death Myocardial
arterio sclerosis
Due to Smility
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>17</u>	hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace DE LASSUS MISSOURIA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED ON PENSION

11. Industry or business ST. JOSEPH LEAD CO.

12. Name ALEXANDER CREPPS

13. Birthplace DONT KNOW STATE
(City, town, or county) (State or foreign country)

14. Maiden name MINERVA JANE TADOR

15. Birthplace DONT KNOW STATE
(City, town, or county) (State or foreign country)

16. (a) Informant CLARA MAE CREPPS

(b) Address ESTHER, MO.

17. (a) BURIAL (b) Date thereof 4-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEAR ESTHER, MO.

18. (a) Signature of funeral director C. J. Boyer
(b) Address DES LOGE, MO.

19. (a) 4-25-44 (b) James Bohman
(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)
(e) Means of injury _____
23. Signature Flat River Mo (M. D. or other) _____
Address _____ Date signed 4/26/44

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK

1513

RECEIVED 5-13-44
District Health Officer No. 24
District File Number 544-38
Date Filed 5-13-44

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 *P. J. Boyer*
Licensed Embalmer No. *1671*
P. O. Address *Urbana, 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.