S. No. 2
DM—2-43
v. 5-17-39
I X35897

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

95
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31556

FILED OCT 10 1945

State File No.

Registration District No. 319

Primary Registration District No. 6081

Registrar's No. 53

1. PLACE OF DEATH: Genevieve
(a) County St. Francois
(b) City or town rurals. Union tws.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ste. Genevieve 95
(c) City or town Rural Union Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Finis McCreary
3. (b) If veteran, name war
3. (c) Social Security No. 497 01 317

4. Sex m 0
5. Color or race W
6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife Settie McCreary
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Aug 27 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	0	24	hr. min.

9. Birthplace Hazel Run Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation carpenter
11. Industry or business

MOTHER FATHER
12. Name James Fountain McCreary
13. Birthplace Bismark Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name Anna Laura Broadfoot
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Settie McCreary
(b) Address Farmington, Mo rt 3
17. (a) b (Burial, cremation, or removal) (b) Date thereof 9/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington Mo.
19. (a) Sept 22/45 (Date received by registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1945 hour 3 minute 10 p. M.
21. I hereby certify that I attended the deceased from Aug 10, 1945, to Sept 21, 1945, that I last saw h alive on Sept 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension and Pneumonia	3 day
Due to Coronary Embolism	
Due to Endocarditis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to 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

23. Signature L. M. Stanfield (M. D. or other) MD
Address Farmington Mo. Date signed 9/24/45

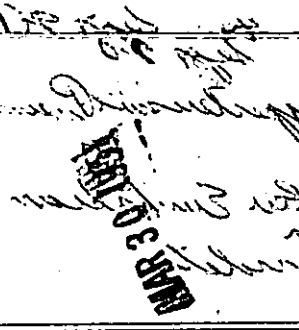
106 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1045-1174

Date Filed 10-8-45



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 C H Ozeau

Licensed Embalmer No. 4084

P. O. Address Farmington 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.