

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

REC'D OCT 24 1938

32641  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Lincoln Registration District No. 486  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4293 Registered No. 31  
 (c) City Elsbury, Mo (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 1 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Sarah Elizabeth Craddock 1039  
Louisville Kentucky St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Husband of Robert Craddock  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27-1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Anderson County  
 (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Taylor Proctor  
 14. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME L. Husband  
 16. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Frank Parker  
 (ADDRESS) Elsbury Mo

18. BURIAL, CREMATION, OR REMOVAL buried in Kentucky  
 PLACE Cave Hill Cemetery DATE Sept. 16 1938

19. FUNERAL DIRECTOR (NAME) Clifton Miller  
 (ADDRESS) Elsbury, Missouri

20. FILED Oct. 13 1938 Edna Powell  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-15, 1938, to 9-13, 1938  
 I last saw her... alive on 9-13, 1938 Death is said to have occurred on the date stated above, at 12:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus  
Apoplexy  
59  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Calverley, M. D.  
Elsbury Mo.  
 789 (Address)

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

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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 .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**