

REC'D NOV 21 1938

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

34673
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas (d) Street No. Mercy Hospital Registered No. 4009
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Vivian Craig

(a) Residence, No. Mendon, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
4 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Brookfield Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME John Craig 0

14. BIRTHPLACE (CITY OR TOWN) Mendon, Mo. (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Goldie Lancaster

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT John Craig

(ADDRESS) Mendon Mo.

18. BURIAL OR CREMATION OR REMOVAL PLACE Mendon mo. DATE 10, 14, 38 19

19. FUNERAL DIRECTOR (NAME) Peter B. Lapetina

(ADDRESS) Kansas City, Mo.

20. FILED Oct 14, 1938 M.M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:40 p.m.
The principal cause of death and related causes of importance were as follows:

Gastric contents
1938
Date of onset

Other contributory causes of importance:
Dehydration
2nd stage
Terminal bronchopneumonia

Name of operation gross ex. of stomach Date of 10/14/38
What test confirmed diagnosis? Was there an autopsy? Yes

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? 4
If so, specify _____
(Signed) Peter B. Lapetina M.D.
(Address) Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 comply with the above constitutes grounds for revocation of license.)

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