

NOV 22 1938

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

36550
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689

(b) Township Buffalo Primary Registration District No. 309325917 Registered No. _____

(c) City _____ (d) Street No. Henderson Sch St. dist

(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. moe. ds.

2. PRINT FULL NAME Joshua S Craft

(a) Residence, No. Henderson Sch dist 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Radick Craft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1851

7. AGE YEARS 82 MONTHS 7 Days 18 If LESS than 1 day, hrs. or min.

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. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME Isaac Craft

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER

15. MAIDEN NAME Nancy Collins

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

17. INFORMANT (ADDRESS) Mrs Anna Craft
R Fox Learsand mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE 10/7/38

19. FUNERAL DIRECTOR (ADDRESS) J. H. Miller
Learsand mo

20. FILED 10/5/38 J. H. Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/38

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Oct 5, 1938

I last saw him alive on Oct 4, 1938 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

Uremic poisoning

Date of onset 10-3-38

Other contributory causes of importance: Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? If so, specify _____

(Signed) J. H. Miller, M. D.

(Address) Learsand mo

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

I. X12004

RECEIVED

District Health Officer No. 10

District File Number 10-38-529

Date Filed 11-4-38

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)