

REC'D APR 19 1939

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

11570
Do not use this space.

1. PLACE OF DEATH

(a) County Muller Registration District No. 562
(b) Township Richards Primary Registration District No. 4331
(c) City Iberia or _____ (d) Street No. _____ St.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Johny Kling Craft
(a) Residence, No. Iberia, Mo. St. (If nonresident, give city or town and State)

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 Carrie Louise Craft
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7-1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Edw. Merchant
10. Date deceased last worked at this occupation (month and year) 1918 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewisburg, Pa.

13. NAME Benjamin Craft

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

15. MAIDEN NAME Maria Kling

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

17. INFORMANT (ADDRESS) F. O. Ferguson Iberia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Iberia, Mo. DATE 3/10 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. L. Casey Iberia, Mo.

20. FILED Apr 8 1939 Mr. W. A. van Gorp Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1939, to March 8th, 1939
I last saw him alive on March 8th, 1939. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset _____
Other contributory causes of importance: 10/12

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) G. H. Duncan M. D.
Iberia, Mo. (Address)

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.

THIS IS A PERMANENT RECORD

RECEIVED

Miller County Health Dep't.

County File Number.....39-48.....

Date Filed.....4-12-39.....

Graff

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.