

1939 MAY 18 1939

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

14574
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton Registration District No. 172
(b) Township Salt Creek Primary Registration District No. 5239 Registered No. 6
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 John Green Craig
(a) Residence, No. 620 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 widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Craig
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1904
7. AGE YEARS 34 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Chariton County Mo
13. NAME M. C. Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co Mo
15. MAIDEN NAME Elizabeth Gay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Mo
17. INFORMANT (ADDRESS) Thomas Lancaster Mendon Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mendon DATE April 19, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) S. J. Richard
20. FILED April 18, 1939 W. J. West Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1939 to 4-17, 1939
I last saw him alive on dead 4/17/39 Death is said to have occurred on the date stated above, at 7:30 PM
The principal cause of death and related causes of importance were as follows:
Gun shot wound in left axilla
Homicide 1/72
Other contributory causes of importance:
12 gauge shot gun
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 Gun shot wound M. D.
(Signed) W. J. West (Address) Salt Creek 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/12/39

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 *D. S. Shepard*

Licensed Embalmer No. *3970*

P. O. Address *Muedon 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, above space should be left blank.