

REC'D AUG 7 1939

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

24548  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kearney Primary Registration District No. 1907 Registered No. 2761  
 (c) City Jennas City (d) Street No. 3722 Luskridge 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 Ollie M. Missouri Craggett  
 (a) Residence, No. 3225 Luskridge 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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John. F. Craggett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76. 9 28

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. None  
 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) St. Genevieve Co. Mo.

FATHER 13. NAME John. Picquett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Link Waveridge  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Geo. R. Craggett  
3234 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Maria DATE 7-10 1939

19. FUNERAL DIRECTOR (ADDRESS) Caylor Funeral Home  
St. C. Mo.

20. FILED July 10 1939 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1939

22. I HEREBY CERTIFY That I attended deceased from Arrival, 1939  
 I last saw him..... alive on..... 19..... 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:  
Fracture of left femur  
Blatant surgical panitis  
Arteriosclerotic heart disease  
 Other contributory causes of importance: 1862  
W

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 8/18/39  
 Where did injury occur? 222 Luskridge Kearney  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall in bath room  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) O. L. Smith, M. D.  
 (Address) St. Louis

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.

STATEMENT BY LICENSED EMBALMER

I, Chas Wilks Licensed Embalmer No. 2644

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

..... L. E. ....

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

working under my personal supervision.

Signed Chas Wilks

Licensed Embalmer No. 2644

**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.)**