

AUG 14 1939

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

25652

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 592
(c) City SPRINGFIELD (d) Street No. St Johns Hospital 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 22 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Clarence A. Craig

(a) Residence, No. 530 E. Elm St 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 Sue Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1892

7. AGE YEARS 47 MONTHS 4 DAYS 7 IF LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railway
9. Industry or business in which work was done, as saw mill, bank, etc. Telegrapher
10. Date deceased last worked at this occupation (month and year) June 1939 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.13. NAME Tom Craig14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Mrs. Sue Craig
(ADDRESS) Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston, Mo. DATE July 29 193919. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
(ADDRESS) Springfield, Mo.20. FILED 7-28 1939 Chas. A. Horne (Address) 290

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1939

I HEREBY CERTIFY, That I attended deceased from July 21 1939 to July 26 1939
I last saw him alive on July 26 1939 Death is said

to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with acute phase and cardiac decompensation
Pulmonary edema

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify..... (Signed) Eysa L. Evans, Jr., M. D.

(Address) 723 E. Main

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.

