No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15639

State File No.

MAY 13 1940

Registration District No. 625

Primary Registration District No. 5828

Registrar's No. 5-8-2734

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway Polk Twp

(b) City or town Rural Maryville 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Co. Home 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In ~~hospital or~~ institution Since Dec 1939 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Clearmont
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles S Criger 626

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 26 (Day) 1872 (Year)

8. AGE: Years 67 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Clearmont (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Wm Criger
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Baker
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Wm Criger
(b) Address Clearmont, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hazeldel Cemetary

18. (a) Signature of funeral director J. R. Hann
(b) Address Burlington Jct Mo.

19. (a) 4-5-1940 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1940 hour 3 ~~minute~~ a M.

21. I hereby certify that I attended the deceased from July, 1939, to April 4, 1940 that I last saw h~~e~~ alive on April 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of the brain	10 Mos
Due to	
Due to 82 W	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Cossins (M. D. ~~or other~~)
Address Maryville Mo Date signed 4/5 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address Burlington Del

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.