

Registration District No. **40**

Primary Registration District No. **4027 5058**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Rural, Lamar Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **75 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Harriett Nancy Craheed** **630**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** race **white** 5. Color or _____
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Andrew Craheed** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan 10th, 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 **5** **8** hr. **0** min.

9. Birthplace **Lamar, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife** **9**

11. Industry or business _____

12. Name **Phillip Matthews** **9**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Brown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Hazel Erous**
(b) Address **Lamar, MO.**

17. (a) **Burial** (b) Date thereof **6-20-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **River Funeral Home**
(b) Address **Lamar, MO.**

19. (a) **June-18-1940** (b) **Mrs Josephine Wynath**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
(c) City or town **Rural**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**
year **1940** hour **2** minute **30** A.M.

21. I hereby certify that I attended the deceased from **March** 19**40** to **June 18** 19**40**;
that I last saw her alive on **June 17** 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **June 13**
Duration

Due to **44/12**

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Mild Cerebral Hemorrhage - March 1940

Major findings: Of operations _____

Of autopsy _____

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? **40**

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature **Jern T. Bickel, M.D.** (M. D. or other) **M.D.**
Address **Lamar, Missouri** Date signed **6-18-40**

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

40
39
23159

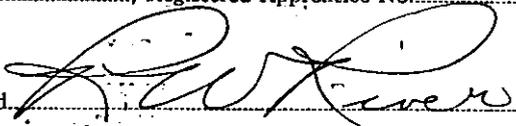
District Health Officer No. 6
District File Number
Date Filed
RECEIVED
District Health Officer No. 6
District File Number 740-2356
Date Filed JUN 11 1940

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. 3141

P. O. Address Ramona, Pa.

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

If this body is not embalmed, fact should be so stated above.