

No. 2
-13-40
17-39
X23159

FILED OCT 18 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 312

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 701 East 15th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME John William Craigg

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa Lower Craigg 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. 17, 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer-Laborer

11. Industry or business _____

12. Name George Craigg
13. Birthplace Chariton County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Charity Swearingen
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Craigg
(b) Address 701 E. 15th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Sept. 28
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Longwood Missouri

18. (a) Signature of funeral director Diane Gwing
(b) Address Sedalia Mo.

19. (a) 9/28/40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1940 hour 9 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from 10:30 p.m., 1940, to 9-26, 1940; that I last saw him alive on 9-25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death - Angina Pectoris about 10.29 min. Sclerosis of the coronary arteries

Other conditions (Include pregnancy within 3 months of death) 4410

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) 9/28 did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature W.E. Bess M.D. (M. D. or other) _____
Address Sedalia Mo. Date signed 9-28-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number 10-11-40
Date Filed

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 Quane Ewing
Licensed Embalmer No. 3847
P. O. Address Sedalia, 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, fact should be so stated above.