

Registration District No. 067/23 1940Primary Registration District No. 3035Registrar's No. 89

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 20 yrs.
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME William E. Craig

8. (b) If veteran, name war none
 8. (c) Social Security No. 500-09-6240

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Littleton Craig
 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 23rd. 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>11</u>	hr. min.

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

10. Usual occupation Labor W.P.A.

11. Industry or business

12. Name John Craig

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

14. Maiden name Beile Stubblefield

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

16. (a) Informant's own signature Etta Craig

(b) Address Richmond Mo.

17. (a) Lavlock Cemetery (b) Date thereof Oct. 7 th. 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lavlock Cem. Hardin Mo.

18. (a) Signature of funeral director J. Brothers

(b) Address Richmond Mo. 6165

19. (a) Oct 10 - 1940 (b) Malley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
 (c) City or town Richmond Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Richmond Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? U.S.A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day October 5
 year 1940 hour 8. minute 30 P.M.

21. I hereby certify that I attended the deceased from 9/28th 1940
 to 10/5th 1940, 19____;
 that I last saw h im alive on 10/5th 1940, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Accute Endo-Carditis Duration
Thrombus Coronary Artery

Due to Excessive Heat

Due to

Other conditions Duodonal Ulcer Haemorage
 (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?

While at work? Back C. (Specify type of place)
 (Specify type of means of injury)

23. Signature Dr. V. Smith (M. D. or other)

Address Richmond Mo. Date signed

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

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.....

J.B. Brothers, Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed *J.B. Brothers*

Licensed Embalmer No. **3001**

P. O. Address **Richmond 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, above space should be left blank.