

4-13-40
-17-39
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APR 15 1941 85

Registration District No. _____

Primary Registration District No. 5127

1100
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County BUCHANAN

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

(c) Name of hospital or institution: Industrial City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 4 Mos. 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BUCHANAN

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

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

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

3. (a) PRINT FULL NAME WILLIAM THOMAS CRAIG

(b) If veteran, name war NO

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8
year 1941 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from November 25 1940 to March 8 1941
that I last saw him alive on Feb. 25 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Widowed

7. Birth date of deceased Oct 13 1858
(Month) (Day) (Year)

Immediate cause of death arteriosclerotic heart disease unknown

Duration _____

Due to General arteriosclerosis

Due to _____

Other conditions Senile Dementia 3 mos.
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 4 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Hall Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Rancher

11. Industry or business _____

12. Name David Craig

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

14. Maiden name Jane English

15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Martin

(b) Address Industrial City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereon Nov 10 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Roy Stacey

(b) Address St Joseph

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

23. Signature J. D. Shrawatten (M.D. or other) MD
Address Industrial City Date signed 3-10-41

19. (a) 3-10-1941 (Date received local registrar)

(b) H. G. Nestlebaum (Registrar's signature)

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

John H. Hurley
working under my personal supervision.

Registered Apprentice No.

Signed *John H. Hurley*

Licensed Embalmer No. *4055*

P. O. Address *St. Joseph, 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.