

No. 2
1-10-39
-17-39
X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10337

Registration District No. 149

Primary Registration District No. 5213

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Cass
 (b) City or town Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Union Inf. Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME Ella Craig
 8. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife George Craig 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 27 - 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
 12. Name James L. McDonald
 18. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Nettie Edwards
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Coril Ford
 (b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 4-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director W. H. Morgan
 (b) Address Pleasant Hill, Mo.

19. (a) April 8, 1941 (b) Geo. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cass
 (c) City or town Pleasant Hill (Rural)
(If outside city or town limits, write "RURAL") 19
 (d) Street No. 0 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
 year 1941 hour 10:30 minute A.M.
 21. I hereby certify that I attended the deceased from March 28
 1941, to March 31, 1941;
 that I last saw her alive on March 31, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia Duration week
 Due to influenza
 Due to _____
 Other conditions 277N
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Martin J. Bolten (M. D. or other) M.D.
 Address Pleasant Hill Date signed 4/1/41

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

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

D. P. Springer

Licensed Embalmer No. 3938

P. O. Address Plainsville, N.C.

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.