No. 2
-13-40
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13915

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 388

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. Meth. Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 12 hrs. (Specify whether years, months or days)

In this community 27 years

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan

(c) City or town Industral City (Rural) 17 (If outside city or town limits, write "RURAL")

(d) Street No. Industral City 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME John F. Craig

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race Wht

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie M

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 19 (Day) 1865 (Year)

8. AGE: Years 76 Months 0 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Holt County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Former Employee Wyeth Hardware

MOTHER FATHER

12. Name David Craig

13. Birthplace Unk (City, town, or county) Unk 9 (State or foreign country)

14. Maiden name Jane English

15. Birthplace Unk (City, town, or county) Unk 9 (State or foreign country)

16. (a) Informant Lillie M Craig

(b) Address Industrial City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore, Missouri

18. (a) Signature of funeral director Roy Stamey 85

(b) Address St Joseph Mo

19. (a) 4/7/41 (Date received local registrar) (b) H J Mistlebach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4th year 1941 hour 11:30 minute a M.

21. I hereby certify that I attended the deceased from April 3 " 1941 to April 4 1941 that I last saw him alive on April 4 " 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia (rt. lower lobe)	1 day
Due to Cold (Choryza)	4 days
Due to Arterio-sclerosis	?
Other conditions Enlargement of heart (Include pregnancy within 3 months of death)	?
Chronic valvular heart disease	?

Major findings:
Of operations None
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. H. Talty (M. D. or other) MD

Address Corby Bldg. St. Joseph Mo Date signed 4/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 ..... April 4 1941 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed John H Finley

Licensed Embalmer No. 4056

P. O. Address St Joseph, Mo

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

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