No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26107

FILED AUG 8 1941

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1491

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

1. PLACE OF DEATH:

(a) County St. Louis Clayton

(b) City or town St. Louis County Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16

(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1818 Lacy Street 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JESSE E. CRAFTON

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 Widower

6. (b) Name of husband or wife Rohda

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

7. Birth date of deceased [illegible] (Month) [illegible] (Day) (Year)

8. AGE: Years 60 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation Police Officer

11. Industry or business City of Cape Girardeau

FATHER
12. Name Joseph Crafton
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace [illegible] (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Crafton
(b) Address 1818 Lacy St., Cape Girardeau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.

19. (a) JUL 17 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1941 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Self-inflicted gun-shot wound of chest.

Due to Gun-shot wound of chest and ankle.

Due to .....

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

Major findings:
Of operations .....
Of autopsy Yes.

Duration

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) Suicide
(b) Date of occurrence July 16, 1941
(c) Where did injury occur? Mehlville, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place. (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 7/17/41 Date signed .....

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis H. Bapp

Licensed Embalmer No. 921

P. O. Address Kirkwood

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.