S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28013

Registration District No. 175 Primary Registration District No. 5248 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural Chariton Tp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 62 yr. 4 mo 29 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 021
(a) State Missouri (b) County Chariton
(c) City or town Rural near Forest Green
(If outside city or town limits, write "RURAL")
(d) Street No. Forest Green, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Oscar Craig
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Odell White Craig
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March (Month) 7 (Day) 1879 (Year)

8. AGE: Years 62 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Forest Green Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Hired hand, farmer
FATHER
12. Name Press Craig
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Matilda Burton
15. Birthplace Chariton Co Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Roy Jaco
(b) Address Forest Green, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Green Mo
18. (a) Signature of funeral director E W Fremonth
(b) Address Glasgow Mo
19. (a) 8/7/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6 year 1941 hour — minute — M.
21. I hereby certify that I attended the deceased from 8 — 6, 1941, to 8 — 6, 1941 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

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)
(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 W B Kitchen (M. D. or other)
Address Glasgow Mo Date signed 8-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-12-41
Date Filed

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 E. W. Freemouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.