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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28731

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon, ~~Missouri~~ Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 129 days (Specify whether
In this community 129 days 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 035

(a) State Missouri (b) County Dunklin

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

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Earl Sylvester Craffard

3. (b) If veteran, name war No

3. (c) Social Security No. 491-19-6808
491-18-6808

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ethel Bailey Craffard

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Nov (Month) 29th (Day) 1915 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	8	20	hr. min.

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

10. Usual occupation Farmer

11. Industry or business X

FATHER
12. Name Wilce Joseph Craffard
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Jessie May Illinois
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant E. McMichael Record Clerk
(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-20-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Campbell Mo

18. (a) Signature of funeral director Geo B. Orr
(b) Address Mt Vernon Mo

19. (a) 8-18-1941 (Date received local registrar) (b) P. A. Holmes (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
year 1941 hour 5:40 minute P M.

21. I hereby certify that I attended the deceased from April 11th 1941, to Aug. 17th 1941
that I last saw him alive on Aug 17th 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	Abt. 20 months.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 D. L. Coffman (M. D. or other) MD
Address Mt Vernon Mo Date signed 8-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 941-1433
SEP 8 1941
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 George B Ou

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ill

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

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