

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Waverly, Mo.
 (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 _____ (Specify whether _____)
 In this community 3 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Waverly, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 20
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lucina Craze
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 20
 year 1941 Hour 10 minute 55 P.M.

4. Sex 71 5. Color or race W
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Cyrus Craze
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan - 20 1851
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 18 1941 to July 19 1941;
 that I last saw her alive on July 19 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 6 19 hr. min.

Immediate cause of death Senility
 Due to and Stroke Paralysis

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

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 1628
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Robert McGill
 13. Birthplace Greene, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucina Thompson
 15. Birthplace Greene, Mo.
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. W. R. Gonzalez
 (b) Address Waverly, Mo. 651
 17. (a) Burial (b) Date thereof July 27 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cape Springs
 18. (a) Signature of funeral director Paula Brown
 (b) Address Waverly, Mo.
 19. (a) July 22-41 (b) Etha B. McElwee
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. P. Baylow (M. D. or other) _____
 Address Waverly, Mo. Date signed 7/20/41

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

606

RECEIVED

Queens County Health Office,

County File Number 91-11-106

Date Filed 11/2/91

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.....

Benois Wright —
working under my personal supervision.

Registered Apprentice No. 299

Signed [Signature]

Licensed Embalmer No. 7664

P. O. Address [Signature]

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.