No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18, 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

State File No. 6235

Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Cape Girardeau Mo
(b) City or town: " " Not
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Family Home - 121 S. Spring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cape Girardeau
(c) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No.: 121 So Spring.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Varena Davis Craig Ward.
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Sam Ward
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Dec. (Month) 25. (Day) 1863. (Year)

8. AGE: Years	Months	Days	If less than one day
78.	1	8	____ hr. ____ min.

9. Birthplace: Jackson Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: House Work.
11. Industry or business ____
MOTHER FATHER
12. Name: Captin White Craig,
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Martha Criddle.
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Wm Wilds.
(b) Address: Cape Girardeau Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 2-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Russel Hights Cemt.
18. (a) Signature of funeral director: L. L. Haman.
(b) Address: Cape Girardeau Mo.
19. (a) 2-5-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb., day 3., year 1942 hour 7 minute 30A M.
21. I hereby certify that I attended the deceased from 1-15, 1942 to 2-3, 1942
that I last saw h____ alive on ____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis Ch.
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) 13 lb
Major findings: Of operations ____
Of autopsy ____

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: A. Duello M.D. (M. D. or other)
Address: Cape Girardeau Mo Date signed: 2/3/42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 342 - 354

Date Filed 3-13-42

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 Earl Smith

Licensed Embalmer No. 3676

P. O. Address Cape Girardeau, M

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.