S. No. 2
—11-10-39
v. 5-17-39
No. I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10807

FILED APR 3 1942

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 239

1. PLACE OF DEATH
(a) County GREENE
(b) City or town Springfield C.T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Greene~~ Wright
(c) City or town ~~Springfield~~ Mansfield
(If outside city or town limits, write "RURAL")
(d) Street No. ~~St. John's Hospital~~
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME PAULINE CRATE McQUAY
3. (b) If veteran, name war NONE
3. (c) Social Security No. 488-03-8665
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife A. M. McQuay
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased SEPT (Month) 19 (Day) 1903 (Year)

8. AGE: Years 38 Months 6 Days 5 If less than one day hr. min.

9. Birthplace MANSFIELD (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation ASSISTANT BANK CASHIER
11. Industry or business BANK
FATHER
12. Name Noah J. Craig
13. Birthplace WRIGHT CO. (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name EMMA HENDERSON
15. Birthplace HENDERSON (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant Irene Craig Hicks
(b) Address MANSFIELD MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof March 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Earlham
18. (a) Signature of funeral director F. E. Steffen
(b) Address MANSFIELD MO
19. (a) 3-27-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1942 hour 4 minute 5 P.M.
21. I hereby certify that I attended the deceased from March 20, 1942 to March 24, 1942 that I last saw he alive on March 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus Septicemia — Duration 6 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 24 a
Of autopsy

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 [illegible] (M. D. or other)
Address Springfield, Mo. Date signed 3/25/42

W.C.N. (Licensed Embalmer's Statement on Reverse Side)

APR 1 2 1945

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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, above space should be left blank.