

FILED JUN 17 1942

State File No. 17242

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
605 E. Jefferson /
(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) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /

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

(d) Street No. 605 E. Jefferson.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME Mary Idella Craggs.

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 W. H. Craggs

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

7. Birth date of deceased August 14 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>9</u>	<u>16</u> hr. min.

9. Birthplace Hardysville Ky. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Joel Linder

13. Birthplace Ky. /
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Alderson

15. Birthplace Ky. /
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Lippert

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-42
(Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Mo.

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo.

19. (a) June 9, 1942 (Date received local registrar) (b) Miss J. A. Wagoner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from May 29 1942 to May 30 1942
that I last saw her alive on May 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus
Duration 1 1/2 yrs
Approximate

Due to

Due to

Other conditions H&F
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?

While at work? (Specify type of place) Means of injury

23. Signature Spencer L. Freeman (M.D. or other) Mal
Address Kirksville Mo Date signed 6/3/42

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

106-1

1071

RECEIVED

District Health Officer No. 10

District File Number 6-42-1336

Date Filed JUN 15 1942

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, ~~only~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Mrs. Laura Riley.....

Licensed Embalmer No. 3907.....

P. O. Address Kirkville 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.