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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, Mo.

(c) Name of hospital or institution: Fremont Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 day 1
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mc Donald

(c) City or town Novel, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. no
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MAXIENE Marie Craig

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 9
year 42 hour 1:20 minute 0 M.

21. I hereby certify that I attended the deceased from 4-7-42
_____, 19____, to 4-9-42, 19____;

that I last saw her alive on 4-9-42, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Marcel 6. (c) Age of husband or wife if alive 33-31 years

7. Birth date of deceased: _____
(Month) (Day) (Year)

Immediate cause of death
Toxic myocarditis & Myocardial infarction

Due to acute pneumonia & pneumoniae septicaemia

Due to pneumonia

Other conditions kidney troubles
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>3</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Novel, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business no

MOTHER FATHER

12. Name Arnold Craig

13. Birthplace Duquesne Springs Ark
(City, town, or county) (State or foreign country)

14. Maiden name Marion Reagan

15. Birthplace Novel, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Phereaul

(b) Address Novel, Mo.

17. (a) Buried (b) Date thereof 4/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novel Mo

18. (a) Signature of funeral director Wm Morris Copie

(b) Address Wheeler Ave, Novel, Mo.

19. (a) 6-15-42 (b) Hester A. Suddeth
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations no

Of autopsy no

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)

(e) Means of injury _____

23. Signature E Ernest Johnson (M. D. or other)

Address 524-28 Fisco Bldg Date signed 4/9/42

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 *Wm. Morris Pogue*
Licensed Embalmer No. *3264*
P. O. Address *Wheaton, 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.