

S. No. 2
 Form - 5-42
 Rev. 5-17-39
 X 32673

32670

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 20 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3639

48
 813

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 days
 (Specify whether
 In this community 29 days
 years, months or days)

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

3. (a) PRINT FULL NAME Dave Craft

3. (b) If veteran, name war None
 3. (c) Social Security No. unable to find it

4. Sex M. 5. Color or race W.
 6. (a) Single, widowed, married, Divorced Single

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

7. Birth date of deceased Feb. 22nd 1922
 (Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 5
 If less than one day hr. min.

9. Birthplace Smock Creek, Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Craig Craft

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

14. Maiden name May Craig

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

16. (a) Informant Record clerk

(b) Address K.C. General Hospital

17. (a) Burial (b) Date thereof 10-3-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smock Creek, Kentucky

18. (a) Signature of funeral director Wm. A. Schmitt

(b) Address 10/31/42

19. (a) (Date received local registrar) (b) W. M. Crowe
 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
 year 1942 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from 8-29-42, 19... to 9-27-42, 19...;
 that I last saw him alive on 9-27-42, 19...;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Melanosarcoma with extensive metastases
to mesentery & bowel & subcutaneous tissue
 Due to Crimm, probably pigmented mole on back
 Due to 55E

Other conditions
 (Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations
 Of autopsy See above

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 Dwight P. Thom (M. D. or other)
 Address Med. Dir. K.C. General Hospital Date signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.