

Filed NOV 12 1942

Registration District No.

Primary Registration District No. 2000

39
62

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

1. PLACE OF DEATH: **GREENE**

(a) County **SPRINGFIELD**

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

(c) Name of hospital or institution: **835 WISCOTT**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 MONTHS** (Specify whether years, months or days)

In this community **3 MONTHS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**

(c) City or town **Springfield**

(d) Street No. **835 W. Scott**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **MAUD ELLEN CRAGG**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **JOHN M. CRAGG**

6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased **Feb 2 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	1 80	7	10	hr. min.

9. Birthplace **Unknown Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife In home**

11. Industry or business

12. Name **Ferdinand M. Kinslow**

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

14. Maiden name **Morgan**

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

16. (a) Informant **Herbert Cragg**

(b) Address **Springfield Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Oct 4 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem**

18. (a) Signature of funeral director **J. W. Higgins**

(b) Address **Springfield Mo.**

19. (a) **10-3-42** (Date received local registrar)

(b) **J. W. Higgins** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **2nd**
year **1942** hour **1** minute **30 P** M.

21. I hereby certify that I attended the deceased from **5/10-1942** to **10/2/1942**
that I last saw her alive on **9-25-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute coronary block.**

Duration **1 hr.**

Due to **94 a**

Due to

Other conditions **Arterio sclerosis 2 yrs**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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 **0**

23. Signature **C. E. Fuller** (M. D. or other)

Address **Springfield Mo** Date signed **10-2-42**

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.....

Roy A. Cavin

Licensed Embalmer No.....

1763

P. O. Address.....

Springfield, 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.