

FEB 11 1943

Registration District No. 247

Primary Registration District No. 54368

Registrar's No. 1

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

1. PLACE OF DEATH
(a) County Newton
(b) City or town Wentworth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Seven years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Wentworth
(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

3. (a) PRINT FULL NAME James Craton
(b) If veteran, name war
(c) Social Security No. 538-05-5988

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 8 year 1943 hour 12 minute 30 P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mildred Craton
(c) Age of husband or wife if alive 25 years
7. Birth date of deceased March 10 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
26 9 27 hr. min.

Immediate cause of death Electrocuted Duration
Carry in contact
with high voltage wire

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

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 193
99

10. Usual occupation Well Driller
11. Industry or business Lead & Zinc Mining

PHYSICIAN
Major findings:
Of operations
Of autopsy

MOTHER FATHER
12. Name Roy Craton
13. Birthplace Newton County
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Gorman
(b) Address Wentworth Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 073
(b) Date of occurrence 1-6-43
(c) Where did injury occur? Wentworth Newton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work (Specify type of place) (e) Means of injury

17. (a) Burial (b) Date thereof 1/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Patricks Cem.

18. (a) Signature of funeral director [Signature]
(b) Address Pierce City Mo.
19. (a) Jan 9 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature J.P. Reynolds (M.D. or other)
Address Wentworth Mo Date signed 1-6-43

Date Received

FEB 6 1943

File No. - 143-5

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.....

me

Registered Apprentice No.....

working under my personal supervision.

Signed

Walter D. Kemper

Licensed Embalmer No.....

3822

P. O. Address.....

Peace City, 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.