

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 47

Primary Registration District No. 5164

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - Fulton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 miles Southwest Fulton
(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)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 5 miles Southwest Fulton
(If rural, give location)

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

3. (a) PRINT FULL NAME Lacy Allen Craghead

3. (b) If veteran, name war no

3. (c) Social Security No. 489-09-9530

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th
year 1943 hour 3- minute 30. P. M.

21. I hereby certify that I attended the deceased from _____ to _____ 19____; that I last saw him dead live on February-19th 1943 and that death occurred on the date and hour stated above.

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 August 11 1904
(Month) (Day) (Year)

Immediate cause of death suicide - from 410-gage shot gun wound, just below the heart.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>6</u>	<u>8</u>	hr. _____ min. _____

Duration _____

Physician _____

Underline the cause to which death should be charged statistically.

9. Birthplace Fulton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Mrs. Mike Craghead

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

14. Maiden name Pearl Yabe

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

Major findings: Of operations X

Of autopsy X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence February-19-1943

(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? at home - on farm
While at work? no (Specify type of place) (e) Means of injury gun shot

16. (a) Informant Mrs. H. M. Craghead

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Feb 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Carmel Cemetery

18. (a) Signature of funeral director Geo. J. Ballance

(b) Address Fulton Missouri

19. (a) Feb 20-43 (b) Josie Morantloff
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Holman - coroner
(Dr. or other)

Address 8-E-8th St. Fulton, Mo. Date signed 2-20-43

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

J. 577

OCT 23 1950

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 *Leo G. Wallace*

Licensed Embalmer No. *3373*

P. O. Address *Fulton 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.