V. S. No. 2
50M—5-42
Rev. 5-17-39

LUTER

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943

Registration District No. 27

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 9473

Registrar's No. 11

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

**1. PLACE OF DEATH:**
(a) County: Bates
(b) City or town: Butler Missouri
(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 ..... (Specify whether years, months or days)
In this community: life

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Bates
(c) City or town: RFD Montrose Missouri
(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: 0

3. (a) PRINT FULL NAME: Frank S. Craig

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ada Craig

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: January 5th, 1878 (Month) (Day) (Year)

8. AGE: Years 65 | Months 1 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Bates Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: .....

FATHER
12. Name: John H Craig
13. Birthplace: Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Ann Gumm
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Bruffey Craig
(b) Address: Montrose Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Johnstown Cemetery

18. (a) Signature of funeral director: Booths
(b) Address: Butler Missouri

19. (a) Feb. 23, 1943 (Date received local registrar) (b) Mrs Marvin Crumpton (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: February day: 22 year: 1943 hour: 8 minute: AM M.

21. I hereby certify that I attended the deceased from Dec 22, 1942 to Feb 22, 1943 that I last saw him alive on Feb 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage Stomach — Duration
Due to: Secondary to Carcinoma
Due to: (Stomach)
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: H&P
Of autopsy:

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Carter W. Lucas (M. D. or other) M.D.
Address: Butler, Mo Date signed: 2/22/43

1566

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 2-43-56
Date Filed 3-6-43

## 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 John G Lindenwood

Licensed Embalmer No. 3565

P. O. Address Butler 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.**