

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14186

State File No. _____

REGISTERED MAY 7 1943

Primary Registration District No. 4176

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Life Time
years, months or days (Specify whether)

3. (c) PRINT FULL NAME Addie Vesta Craig

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Wm. S. Craig

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 5 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 16
If less than one day hr. _____ min. _____

9. Birthplace MAHE N, Mo O
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name WILLIAM J. O'Key

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

14. Maiden name Winnis M. Gray
(City, town, or county) (State or foreign country)

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

16. (a) Informant Wm. S. Craig

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof Apr - 25 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish Cemetery

18. (a) Signature of funeral director Parish

(b) Address Kenett, Mo.

19. (a) 4-23-43 (b) Ed Elder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. 404 No. Marion
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 8-30 minute 7 M.

21. I hereby certify that I attended the deceased from Jan 1 - 1943
to April 21 - 1943
that I last saw her alive on April 21 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Diagnosis Malade

Due to weakening of system

Other conditions (Include pregnancy within 3 months of death) U

Duration 1 yr

Major findings: Of operations U

Of autopsy U

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?

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Lucian Calhoun, M.D.
Address Malden Date signed 4/21/43

RECEIVED

District Health Office No. 2,

District File Number 543-596

Date Filed 5-6-43

MAY 31 1945
MAY 28 1945

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 A. Salomon

Licensed Embalmer No. 2556

P. O. Address Heinrich, 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, above space should be left blank.