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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14532

FILED MAY 13 1943

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
28th & Indiana
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 28th & Indiana
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME James F. Craig

3. (b) If veteran, name war..... * * *

3. (c) Social Security No. * * *

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Mary E. Craig

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased February 14, 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>2</u>	<u>7</u>	hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business.....

12. Name John Craig

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

14. Maiden name Mary Myers

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

16. (a) Informant Brian Craig

(b) Address 3028 Jasper Rd Joplin Mo

17. (a) Burial (b) Date thereof 4/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 4-24-1943 (b) Centus Sudhoffer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 10 minute 10 p.m.

21. I hereby certify that I attended the deceased from 1940 to Apr. 21, 1943
that I last saw him alive on April 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Renal hemorrhage

Due to Senility

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

Major findings: Of operations None

Of autopsy.....

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 John D. Anderson (M. D. or other)

Address Joplin Mo Date signed 4/23/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

48-4-415

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..... *Perry K. Hurler*

Licensed Embalmer No. *959*

P. O. Address..... *Open*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 145-3-20
Registrar's No. 234

Registration District No. 156

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(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)
In this community 40 yrs.
years, months or days

3. (a) PRINT FULL NAME

James F. Craig

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, m married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb. 14, 1887
(Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Ind.

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

(Rectal Hemorrhage) 1 wk.

Due to _____

Due to malignancy

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

Major findings:
Of operations _____

Of autopsy _____

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____
_____ (Specify type of place) _____

23. Signature _____ (D. or other) _____
Address _____ Date signed 5/1/43

SUPPLEMENTARY

S-14532