S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17989

FILED JUN 10 1943

Registration District No. 382 Primary Registration District No. 4238 Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Glasgow
(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 48 years 11 mo. 6 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45 2 0
(c) City or town Glasgow
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Odell Craig
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Black 3
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Oscar Craig
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 16 (Day) 1894 (Year)

8. AGE: Years 48 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Howard Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Dick White
13. Birthplace not known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Jane Ferguson
15. Birthplace Chariton Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Moses White
(b) Address Gilliam Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Green Mo.
18. (a) Signature of funeral director Audsley Fremont
(b) Address Glasgow Mo.
19. (a) May 24, 43 (Date received local registrar) (b) R. O. Rainer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 15 minute 15 P. M.
21. I hereby certify that I attended the deceased from 5-22, 1943, to 6-22, 1943
that I last saw her alive on 5-22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral afraphy	2 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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 W. B. Kitchen (M. D. or other)
Address Glasgow Date signed 5/24/43

1319

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 6-9-43

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 E W Freemouth

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.