

FILED JUL 8 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
5226 Paseo 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not
(Specify whether)

In this community 19 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Paseo, 5226
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country r

3. (a) PRINT FULL NAME ANNA LAURA FULLER CRAIG

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Percy Allen Craig

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec 25 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/15/43 to 6/22/43
that I last saw him alive on 6/19/43
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>69</u>	<u>72</u>	<u>5</u>	<u>28</u>	_____hr. _____min.

Immediate cause of death: Stroke
hardening of
arteries

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death): none

10. Usual occupation Housewife

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business Retired

12. Name William J Fuller

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

14. Maiden name Bell C.

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

16. (a) Informant Helen Lewis (Niece)

(b) Address 4740 Oak St 14 E Mo

17. (a) None (b) Date thereof June 29 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo Woodlawn Cemetery

18. (a) Signature of funeral director F. E. Brown

(b) Address Kansas City, Mo

19. (a) 6-23-43 (b) F. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature F. E. Brown (Specify type of place) _____ (e) Means of entry _____
Address 424 Brylen Blvd Date signed 6/22/43

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

MOTHER FATHER

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 Frank A. Kising

Licensed Embalmer No. 3122

P. O. Address Kansas City, 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.