

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24626

Registration District No. 135 5d Primary Registration District No. 5-186-116 Registrar's No. 7

1. PLACE OF DEATH:

(a) County CARROLL  
 (b) City or town BOSWORTH Mo. - Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Ridge  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME JAMES HARVEY CRAIG  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased MAY 27 - 1858  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. M. CRAIG  
 13. Birthplace Vir. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARINA WOODSEN  
 15. Birthplace 770 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss MARTHA CRAIG  
 (b) Address BOSWORTH Mo. R.R.  
 17. (a) Wharton (b) Date thereof July 10 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wharton

18. (a) Signature of funeral director David Edwards  
 (b) Address Bosworth Mo  
 19. (a) July 14 - 1943 (b) Ruth Perry Edwards  
 (Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
 (c) City or town Bosworth Mo. - Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
 year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 9 1943  
July 10 1943  
 that I last saw him alive on July 1 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
 Due to unknown cause

Other conditions (Include pregnancy within 3 months of death) 932

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (Means of injury)

23. Signature Ruth Perry Edwards (M. D. or other) 7/10  
 Address Bosworth Mo Date signed July 14 1943

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

17  
0  
0

X26390

RECEIVED

District Health Officer No. 4

District File Number

Date Filed 8-12-43

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**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

*David J. Edmunds*

Licensed Embalmer No.

*3260*

P. O. Address

*Barnstable, Mass.*

**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.**