

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30565

State File No. _____

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4142

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:
1625 Spruce Avenue
(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 Years
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. 1625 Spruce Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mr. Earl Craig

3. (b) If veteran, name war None 3. (c) Social Security No. 486-07-5190

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Mrs. Viola Craig 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: January 31 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>7</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Street Car Operator

11. Industry or business Kansas City Public Service Co.

MOTHER FATHER {
 12. Name Jacob Craig
 13. Birthplace Brown County Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Eva Taylor
 15. Birthplace Bedford Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Craig
(b) Address 1625 Spruce Avenue

17. (a) Burial (b) Date thereof Oct. 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. W. Newcomer, Iowa
(b) Address 1401 Brush Creek Blvd

19. (a) 9-29-43 (b) J. E. Brown, Dep
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
year 1943 hour 11 minute 00 P. M. A.

21. I hereby certify that I attended the deceased from March 10, 1943
March 10 1943 to Sept. 28, 1943
that I last saw him alive on Sept. 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease 2 yrs

Due to Arterio-Sclerosis.

Due to Cause Unknown.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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) (Type of injury)

23. Signature D. Grant E. Day (M. D. or other) D.O.
Address 4316 27th K. Mo. Date signed 9-29-43

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

Dr. ~~James~~ ~~1978~~
4376 E. 9th St - Lakeland

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. C. Newcomer Jr*
Licensed Embalmer No. *40315*
P. O. Address *A. C. No*

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.