

NOV 15 1943

274

Registration District No. 274 Primary Registration District No. 4407

328

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town  
(c) Name of hospital or institution:  
La Monte Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community Twelve Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town La Monte 080  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 611

3. (a) PRINT FULL NAME Mary L Craig

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Zenith S. Craig 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Dec 26 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 5 6 0 hr. min.

9. Birthplace Pike Co. Ill (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name W.H. Pryor  
13. Birthplace Ill (City, town, or county) (State or foreign country)  
14. Maiden name Mont Kno  
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant P.S. Craig  
(b) Address La Monte Mo.  
17. (a) Burial (b) Date thereof 10-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Ridge Mo.

18. (a) Signature of funeral director B.T. Parker  
(b) Address La Monte Mo.

19. (a) 10-21-43 (b) Mrs Anna Beyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 10 1943 to Oct 20 1943 that I last saw her alive on Oct 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart - Fibr irregular  
Due to Shock from fall + age  
Due to

Other conditions (Include pregnancy within 3 months of death) 1862  
Major findings: Of operations 18  
Of autopsy

Duration

6 days

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) Accidental fall  
(b) Date of occurrence Oct 10-43 080  
(c) Where did injury occur? La Monte Pettis Mo  
(City or town) (County) (State)  
In home  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? No (Specify type of place) (e) Means of injury Fall  
23. Signature W.E. Walker (M.D. or other) M.D.  
Address La Monte Mo Date signed 10-31-43

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

8000

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-43

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.....

*B. F. Claver*

Licensed Embalmer No. 1592

P. O. Address.....

*Ramonte 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.