

FILED NOV 23 1943

Registration District No. 71

Primary Registration District No. 54

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Waverly
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CHARLIE E. CRAIG

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

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

6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan-18-1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business Farmer

12. Name Wm H Craig

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

14. Maiden name Amy Lee

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

16. (a) Informant Jurriel Craig

(b) Address Waverly Mo

17. (a) (Burial, cremation, or removal) (b) Date thereat (Month) (Day) (Year)
(c) Place: burial or cremation Benton Co Mo

18. (a) Signature of funeral director Nicherson

(b) Address Bolivar Mo

19. (a) Sept 12 1943 (Date received local registrar) H. E. Weisfall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12-47
year hour minute M.

21. I hereby certify that I attended the deceased from July 28, 1943, to Aug 12, 1943
that I last saw him alive on Aug 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 130

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature J. H. Bridges (M. D. or other) Bolivar Address Date signed Aug 12

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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 the body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 317
Registrar's No. _____

Registration District No. 705 Primary Registration District No. 5-934

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

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Halfway Bend & Benton
(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 years, months or days)

3. (a) PRINT FULL NAME

Charlie E. 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 m

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 8
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Memoria Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

