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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1944

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 80
Registrar's No. 80

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Hubron
 (c) Name of hospital or institution State Hospital No. 91
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs 7m 16d (Specify whether years, months or days)
 In this community 4 yrs 7m 16d

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Mourly #A
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fanny Lee Craig
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 27 year 1944 hour 6-20 minute _____ M.
 21. I hereby certify that I attended the deceased from 1-1 1944 to 2-27 1944
 that I last saw him alive on 11 and that death occurred on the date and hour stated above.

4. Sex male 5. Color of Grace White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Deceased years _____
 7. Birth date of deceased: Nov (Month) 7 (Day) 1861 (Year)

Immediate cause of death Pulmonary tuberculosis
 Due to Atherosclerosis
 Due to _____

8. AGE: Years 82 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Leasburg Mo (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name David Craig
 13. Birthplace Shelbina Mo (City, town, or county) (State or foreign country)
 14. Maiden name May Gibson
 15. Birthplace Shelbina Mo (City, town, or county) (State or foreign country)

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

16. (a) Informant Record
 (b) Address _____
 17. (a) Burial (b) Date thereof 3-1-44 (Month) (Day) (Year)
 (c) Place: burial or cremation Moberly Mo
 18. (a) Signature of funeral director E. C. Gupper
 (b) Address Lawrence Mo
 19. (a) 2-28-1944 (Date received local registrar) (b) Joan Moradkoff (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? _____
 While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature H E Stumell (M. D. or other) M.D.
 Address Trouton Mo Date signed 2/27/44

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-14-44

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..... *Louis E. Hopper*
Licensed Embalmer No..... *4261*
P. O. Address..... *Clarence, Pa.*

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.