

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9751**  
Registrar's No. **1265**

FILED APR 6 1944  
Registration District No. **1002**

Primary Registration District No. **1002**

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

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:  
**5236 Paseo 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether  
In this community **20 yrs**  
years, months or days)

3. (a) PRINT FULL NAME **Percy Allen Craig**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **Divorced Widowed**  
6. (b) Name of husband or wife **Annabelle Fuller Craig** 6. (c) Age of husband or wife if alive **19** years  
7. Birth date of deceased **April 19 1871**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **29** If less than one day hr. min.

9. Birthplace **Cherryvale, R.F.D., Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Hotel Manager**

11. Industry or business **Retired**

12. Name **Thomas L. Craig**

13. Birthplace **not known**  
(City, town, or county) (State or foreign country)

14. Maiden name **cf**

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

16. (a) Informant **Lucien L. Craig**  
(b) Address **Pittsburg, Mo.**

17. (a) **Burial** (b) Date thereof **Mar 21/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wagon Springs, R.R. Kan**

18. (a) Signature of funeral director **T. E. Brown**  
(b) Address **Kansas City, Kan.**

19. (a) **3-20-44** (b) **T. E. Brown (V3)**  
(Date received local registrar) (Registrar's signature)

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. **5236 Paseo**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **K**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **18**  
year **1944** hour **6:00 P.M.** minute **M.**

21. I hereby certify that I attended the deceased from **19** to **19**

that I last saw him **Deputy Coroner** and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease** Duration **930**

Due to **Arteriosclerotic Heart Disease**

Due to **Arteriosclerotic Heart Disease**

Other conditions (Include pregnancy within 3 months of death) **930**

Major findings: Of operations **Inspection History**

Of autopsy **Inspection History**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **930**

(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 **Dr. E. H. Harker** (M. D. or other) **MD**

Address **2317 N. 44th** Date **3/19/44**

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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.....

*Frank H. Rising*

Licensed Embalmer No. *3122*

P. O. Address *Kansas City, 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.**