

FILED APR 25 1944

Registration District No. **5**

Primary Registration District No. **4.016**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Atchison**
(b) City or town **Tarkio**
(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 **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**
(c) City or town **Tarkio** (If outside city or town limits, write "RURAL")
(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 **Geo. W. Cradit**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **497-12-3660**

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

6. (b) Name of husband or wife **Emma Cradit**
6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Feb 5 1866**
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **21**
If less than one day hr. min.

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

10. Usual occupation **Farm produce buyer**

MOTHER FATHER { 11. Industry or business
12. Name **Edward Cradit**

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

14. Maiden name **Etha Linda unknown**

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

16. (a) Informant **Mrs. Emma Cradit**

(b) Address **Tarkio, Mo.**

17. (a) **burial** (b) Date thereof **3/28/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tarkio Home Cemetery**

18. (a) Signature of funeral director **Davis Funeral Home**

(b) Address **Tarkio, Mo.**

19. (a) **Mar 27 1944** (b) **Miss M. C. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26th**
year **1944** hour **1** minute **15 A.M.**

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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 **3**

23. Signature **Scott ...** **CONOVER**
Westboro, MO (M.D.)
Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1327

Mar - 26 - 48

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.....

J. M. Smith

Licensed Embalmer No..... **2394**

P. O. Address..... **Tarkio, 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.