CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should state [illegible] be carefully supplied. Exact statement of OCCUPATION is very important.

FILED JUN 14 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17754

Do not use this space.

1. PLACE OF DEATH

(a) County Chariton — Registration District No. 64

(b) Township Wayland — Primary Registration District No. 5248 — Registered No. 31

or

(c) City ..... (d) Street No. ..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alfred Wesley Craig

(a) Residence, No. Salisbury, Missouri St. ☐ (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Opal Craig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: Years 47 — Months 3 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): May 27, 1944

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph County, Missouri

FATHER

13. NAME: Samuel Price Craig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard County Missouri

MOTHER

15. MAIDEN NAME: Anna Belle Percivel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard County Missouri

17. INFORMANT (ADDRESS): Mrs. Minnie Craig, Salisbury, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Prairie Valley — DATE: June 1, 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Tom B. Dalton, Huntsville, Mo

20. FILED 6/1/44, 19 R A Geling — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27, 1944

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19.. I last saw him alive on ..... Called as Coroner. Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

Accidentally killed by lightning — Date of onset: 192 99

Other contributory causes of importance: Lightning storm

Name of operation: none — Date of

What test confirmed diagnosis? Lightning burn — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury: 5/27, 1944

Where did injury occur? Near Prairie Hill Mo Chariton Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On a farm

Manner of injury: Lightning

Nature of injury: Struck by lightning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ..... Coroner

(Signed) Harry E Tatum, M. D.

(Address) Brunswick Mo.

(Licensed Embalmer's Statement on Reverse Side) Coroner of Chariton Co. Mo.

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed 6-13-44

JUL 10 1944

AUG 28 1944

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 Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.