DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19589

Registration District No. FILED JUL 15 1944 18

Primary Registration District No. 1003

Registrar's No. 5956

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri-Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107

(c) City or town Licking NR 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas J. Craig

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Viola Craig

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May (Month) 2 (Day) 1904 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	1	29	hr. min.

9. Birthplace Licking (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business Mills Lumber Co. Salem, Mo.

FATHER
12. Name Henry Craig
13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country) 1

MOTHER
14. Maiden name Viola Tasley
15. Birthplace Topeka (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant Myrtle Craig
(b) Address 4329 Arco

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Licking, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 3 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1944 hour 7:45 minute P. 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 Third degree Burns as face neck chest both arms and both Legs when a Truck he was

Due to Driving expaled near Licking Missouri on June 27-1944

Due to Exact time Unknown

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings:
Of operations 81
Of autopsy 25

Duration

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) Accident

(b) Date of occurrence 6-27-44

(c) Where did injury occur? Licking (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? yes (e) Means of injury Burns

23. Signature James J. Fitzsimmons (M. D. or other)

Address 1300 Clark 3 Date signed 7/3/44

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 194

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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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

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