

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26777

State File No.

FILED AUG 23 1944

149

Registration District No.

Primary Registration District No.

1002

Registrar's No.

3306

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 622 N 62nd St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 63 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. MARK ELIZABETH CRADDOCK

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife M Craddock 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 30 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Marietta Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name John Edward Crithbert

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

14. Maiden name Sarah Ann Daly

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

16. (a) Informant Harry H Craddock

(b) Address 622 N 62nd St

17. (a) Burial (b) Date thereof Aug 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Maria's Cemetery

18. (a) Signature of funeral director D. J. Newcomer, Sols

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-11-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo 60
(If outside city or town limits, write "RURAL")
 (d) Street No. 622 N 62nd St
(If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1944 hour 1 minute 07a M.

21. I hereby certify that I attended the deceased from Aug - 5 1944 to Aug 11 1944 that I last saw her alive on Aug 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Aspiration
 Due to Coronary Sclerosis
Aspiration
 Due to —

Other conditions 94a
(Includes pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy —

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) —
 (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? —

23. Signature H. J. Baylson M.D. (Specify type of place) — (a) Means of injury —
 While at work —
 Address K. E. Inc. Date signed 8/11/44

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

MOTHER FATHER

Mr. H.P. Dougherty
226 - 315 Alameda Bldg.
L 77400
1230

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 C. Oscar Torrey

Licensed Embalmer No. 1767

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.