

FILED SEP 13 1944 2
Registration District No. _____

Primary Registration District No. 4230

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

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Armstrong
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Armstrong
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Asa Milton Craig

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Yes
6. (b) Name of husband or wife Cora Green Craig 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November 25 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 29 If less than one day hr. _____ min.

9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Augusta Craig
13. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kirby
15. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Doyle
(b) Address Armstrong, Mo.

17. (a) Burial (b) Date thereof Aug. 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Cemetery

18. (a) Signature of funeral director Marv Oldaker
(b) Address Armstrong, Mo.

19. (a) 8/26/44 (b) W. B. Paine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1944 hour one minutes 40 P M.

21. I hereby certify that I attended the deceased from August 16, 1944, to August 24, 1944, that I last saw him alive on Aug 24 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 92d

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) (c) Means of injury _____

23. Signature W. B. Paine (M. D. or other) _____
Address Armstrong, Mo. Date signed 8/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

9-12-44

Date Filed

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 Mary Oldaker

Licensed Embalmer No. 3399

P. O. Address Armstrong, 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, above space should be left blank.