

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

**FILED OCT 9 1944**  
Registration District No. **177**

Primary Registration District No. **1002**

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

**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: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether as above)  
 In this community as above  
years, months or days

3. (a) PRINT FULL NAME Harry J. Craigmile

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Edith Craigmile 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 11 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>13</u>	____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business farm

12. Name John Craigmile

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

14. Maiden name unknown,

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

16. (a) Informant Mrs. Edith Craigmile

(b) Address Frankfort, Kansas

17. (a) Removal (b) Date thereof 9-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankfort, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-26-44 (b) T. E. Brown (Jr)  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Jackson

(c) City or town Frankfort  
(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 X

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 24th  
 year 1944 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from 9-18-44 to 9-24-44  
 that I last saw him alive on 9-24-44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to Arterio Sclerosis

Due to 94a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Prostatic Hypertrophy  
 Of operations \_\_\_\_\_

Of autopsy Coronary Occlusion

**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 Nelson J. Oberholser (M. D. \_\_\_\_\_)  
 Address 1103 Grand Ave Date signed 9/27/44

261

1944

Mr. James Cook  
Home Address

**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 Don Short  
Licensed Embalmer No. 3757  
P. O. Address Kansas City

**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.