V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32172

FILED NOV 15 1944

Registration District No. 1943

Primary Registration District No. 1003

Registrar's No. 9425

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 12 (If outside city or town limits, write "RURAL")

(d) Street No. 4945 Fountain (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LEWIS GUY CRAFTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Siddie Crafton

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

7. Birth date of deceased September (Month) 6 (Day) 1872 (Year)

8. AGE: Years 72 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Humboldt (City, town, or county) Tenn 1 (State or foreign country)

10. Usual occupation Retired Building contractor

11. Industry or business

FATHER
12. Name James Crafton 1
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Cleste Moody
15. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Mrs Ina Carroll

(b) Address 4945 Fountain

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Siketon, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) 11-6-44 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 4 year 1944 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from October 12, 1944 to November 4, 1944; that I last saw him alive on November 4, 1944, 19 1; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver — Duration 2 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cirrhosis of liver

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other) MD

Address BARNES HOSPITAL Date signed 11-4-44

(Licensed Embalmer's Statement on Reverse Side)

9425

9425

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 Albert H. Happe

Licensed Embalmer No. 186

P. O. Address.....

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.