

FILED OCT 18 1944

Registrar District No.

Primary Registration District No. 4353

Registrar's No. 22

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Madison 72
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cornie Crafton

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

4. Sex Female Color or race white (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 6 years (Month) (Day) (Year)

7. Birth date of deceased 3 6 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
X	1	6	9	hr. min.

9. Birthplace Madison Mo (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

12. Name Melford Crafton

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

14. Maiden name Virginia Hamilton

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

16. (a) Informant C.B. Crafton

(b) Address Rt. 2, Madison Mo

17. (a) Mt. Pleasant (b) Date thereof Sept 21-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Lloyd Russell

(b) Address 17400

19. (a) Miss. 17400 (b) Jude Thacon (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th year 1944 hour 5 minute 45 M.

21. I hereby certify that I attended the deceased from Sept 14th to Sept 16, 1944 and that death occurred on the date and hour stated above.

that I last saw her alive on Sept 15th, 1944

Immediate cause of death Colitis

Duration 12 days

Due to Toxaemia

Due to 1190

Other conditions (Include 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) 0

(b) Date of occurrence 0

(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) (e) Means of injury 0

23. Signature F.E. Mitchell (M. D. or other M.D.)

Address Malden Mo Date signed 9/16/44

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 1044-13

Date Filed 10-12-44

DEC 21 1944

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.....

Licensed Embalmer No.....

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.)

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