

FILED JAN 11 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3018 Indiana Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 41 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3018 Indiana Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Eva CRAIG

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife. Jacob H. Craig 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased. March 11th 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 14 If less than one day
_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Jacob Taylor
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Susanna Farling
15. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl McMurry

(b) Address 3018 Indiana

17. (a) Burial (b) Date thereof 12-27th 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 12-27-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1944 hour 7:00 minute 58 A.M.

21. I hereby certify that I attended the deceased from Dec.
12, 1944 to Dec. 25, 1944
that I last saw him alive on Dec. 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Decompensating myo-
carditis

Due to Chronic interstitial nephritis

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

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)
(e) Means of injury Q

23. Signature J. P. Wath (M. D. or other) DO
Address 2603 E. 31st Date signed 12/27/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....
KC

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.