V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13298

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 14

35
3
1

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 N. Marion (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Malden (If outside city or town limits, write "RURAL") 3
(d) Street No. 404 N. Marion (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Lee Craig
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced widower 2
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased November 4 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	5	17	hr. min.

9. Birthplace Malden (City, town, or county) Missouri 1 (State or foreign country)
10. Usual occupation Funeral Director & Embalmer
11. Industry or business Funeral Directing
FATHER
12. Name James Porter Craig
13. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)
MOTHER
14. Maiden name Harriett Hood
15. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)
16. (a) Informant Loyd Craig
(b) Address Malden, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Malden Park Cemetery
18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri
19. (a) 4-27-45 (Date received local registrar) (b) N. D. Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 st year 1945 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from April 10 th, 1945, to April 21, 1945; that I last saw him alive on April 21st, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pyelonephrosis	3 mo
Due to Hypertrophied Prostate	5 yr (?)
Due to Dehydration	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Resection Prostate March 16 1945
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)
(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 John D. Van Cleve (M. D. or other)
Address Malden Mo Date signed 4/26/45

1288

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 545-630
Date Filed 5/12/43

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 J. R. Schouman

Licensed Embalmer No. 4086

P. O. Address Malden

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.