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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14109

Registration District No. 248 Primary Registration District No. 5844 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

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

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

(d) Length of stay: In hospital or institution (Specify whether In this community 70 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Rural 72 (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

3. (a) PRINT FULL NAME Eunice Evelyn Craig

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 1 (Day) 1874 (Year)

8. AGE: Years 70 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Photographer

11. Industry or business

FATHER
12. Name Maryland Craig
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah L. Burson
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Russell

(b) Address Seneca, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Cemetery

18. (a) Signature of funeral director B.W. Bunard

(b) Address Seneca Missouri

19. (a) April 2-45 (Date received local registrar) (b) Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1945 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Mar. 23, 1945 to Mar. 25, 1945 that I last saw her alive on Mar. 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Dr. M S Mendenhall (M.D. or other) DO

Address Seneca Mo. Date signed Mar 30 1945

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(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED APR 13 1945

District Health Officer No. .....

District File Number 345-52

Date Filed APR 13 1945

Signed B. M. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca Mo.

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.