

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19776

FILED JUN 29 1945

Registration District No. 105

Primary Registration District No. 3002

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME Gordon Glenwood Craighoad

3. (b) If veteran, name war X

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct. 17 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Auxvasse Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Machine

11. Industry or business _____

MOTHER / FATHER {

12. Name Gordon Craighoad

13. Birthplace Carrington Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Eva Thomas

15. Birthplace South Fulton Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Craighoad

(b) Address Auxvasse Mo.

17. (a) Burial (b) Date thereof June 3 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Auxvasse

18. (a) Signature of funeral director Hughes Manning

(b) Address Auxvasse Mo.

19. (a) 6/1/45 (b) Margaret H. Mackey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cassaway 14

(c) City or town Auxvasse, Mo. 04
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1
year 1945 7:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 1938 to death 6/1 1945
that I last saw him alive on 10:30 PM May 31, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 5/26/45

Due to Arteriosclerosis 1942
Heart disease

Due to _____

Other conditions 942
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature G. H. Wagoner M.D. or other 100
Address Auxvasse Mo. Date signed 6/1/45

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number 6-4

Date Filed 6-27-45

MAR 4 1946

JUN 29 1945

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 Hughes Manpin

Licensed Embalmer No. 2358

P. O. Address Quaker, Md.

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, above space should be left blank.