. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1945

Registration District No. 1744

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20474

Primary Registration District No. 4234

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Ironton Missouri (Iron)
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ironton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County City St. Louis
(c) City or town Above.
(If outside city or town limits, write "RURAL")
(d) Street No. no
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Arthur Craig
3. (b) If veteran, name war
3. (c) Social Security No. 492-09-6395

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ruth Drake Craig
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 31 1891 (Month) (Day) (Year)

8. AGE: Years 54 Months Days 19 If less than one day hr. min.

9. Birthplace Doe Run (City, town, or county) Mo. (State or foreign country)
10. Usual occupation salesman
11. Industry or business

FATHER
12. Name James Wiley Craig
13. Birthplace Washington, Cty Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha McDaniel
15. Birthplace Ste Genevieve Cty Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Craig
(b) Address 23 South Taylor St. Louis Mo.
17. (a) h (Burial, cremation, or removal) (b) Date thereof 6/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation Chestnut Ridge
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) June 23, 1945 (Date received local registrar) (b) Mrs Francis C Howard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1945 hour 5.25 minute p. M.

21. I hereby certify that I attended the deceased from May 12, 1945, to June 20, 1945, that I last saw him alive on June 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Decompensation of Heart. — Duration 5-12-45
Due to: Coronary Disease Thrombosis of R. Coronary Artery — 5-31-45
Due to: Injury - Due to Coronary Disease — 14 yr.
Other conditions (Include pregnancy within 3 months of death): Hypertensive
Major findings:
Of operations
Of autopsy 9-50

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 Geo. L. Walters (M. D. or other)
Address Farmington Mo. Date signed 6-24-45

1263

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 74 S-834

Date Filed 7-7-45

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.