. S. No. 2
M—9-4-41
v. 5-17-20
D I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28646

Registration District No. 233 Primary Registration District No. 3074 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes (Specify whether years, months or days)
In this community 10 minutes

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

3. (a) PRINT FULL NAME Lindon McArthur Craduck
3. (b) If veteran, name war NO
3. (c) Social Security No.
4. Sex MALE
5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 31 (Month) 26 (Day) 43 (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
2	10	15	

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

FATHER
12. Name CHARLES Huston CRAduck
13. Birthplace VAN buren (City, town, or county) ARK. (State or foreign country)

MOTHER
14. Maiden name Louise Beatrice Roberts
15. Birthplace (City, town, or county) OKLA. (State or foreign country)

16. (a) Informant
(b) Address Kennett, Mo. RF&D 2 Box 4-C
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director Leath Funeral Home
(b) Address Kennett Mo
19. (a) 8/21/45 (Date received local registrar) (b) Lamar Leggett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-16-45 day year 1945 hour 6 minute 20 A. M.
21. I hereby certify that I attended the deceased from 8-16-45 to 8-16-45 19 that I last saw him alive on 8-16-45 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Concussion
Due to Conditions and Origin
Due to Heart 10 minutes
Other conditions (Include pregnancy within 3 months of death)

Duration 2 days

Major findings:
Of operations No
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 J M Kendrick (M. D. or other)
Address Sikeston Mo Date signed 8-16-45

1318 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 945-2990
Date Filed 9-5-45

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 Walter A Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett M

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.