

FILED DEC 8 1945

STANDARD CERTIFICATE OF DEATH

37696

State File No.

Registration District No. 167

Primary Registration District No. 1256

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none 6th & Buffalo Sts., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL.")
(d) Street No. 6th & Buffalo Sts., /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXXXXX

3. (a) PRINT FULL NAME JOHN CRAIG

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stella May Craig 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased April 28, 1862
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>83</u> | <u>6</u> | <u>10</u> | hr. min. |

9. Birthplace unknown Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business same

12. Name Lewis Craig

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Betty Gray

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Stella May Craig

(b) Address Holden, Mo.

17. (a) Burial (b) Date thereof Nov 11-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerview, Mo.

18. (e) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) Dec 1, 1945 (b) W. O. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1945 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 4, 1941 to Nov 8, 1945
that I last saw him alive on Nov 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to

Due to

Due to

Other conditions Gen Arteriosclerosis & Prostatomy

Major findings: Of operations [Signature]

Of autopsy [Signature]

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 Kelly Rawlins (M. D. or other)

Address Holden Mo Date signed 11/12/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1511

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..... *Samuel B. Poppe*
Licensed Embalmer No..... *4044*
P. O. Address..... *Holden 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, fact should be so stated above.