

**FILED**

FEB 7 1946

State File No. \_\_\_\_\_

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 249

**1. PLACE OF DEATH:**

(a) County Bates  
(b) City or town Rich Hill Mo  
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 YEARS years, months or days

3. (a) PRINT FULL NAME MISSOURI CRAIG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife JOHN S. CRAIG 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased OCT 29 1919 (Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace TIPTON MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name C. D. Davis

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

14. Maiden name Susan Bailey

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

16. (a) Informant John Craig

(b) Address Rich Hill Mo

17. (a) Burial (b) Date thereof 1-9-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn - Local

18. (a) Signature of funeral director Booth

(b) Address Rich Hill Mo

19. (a) 1-9-1946 (b) Miss Edna Douglas (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County Bates  
(c) City or town Rich Hill Mo (If outside city or town limits, write "RURAL.")  
(d) Street No. N. 4th St. (If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 7 year 1946 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from Jan 3 1946 to Jan 7 1946 that I last saw him alive on Jan 5 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 8 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: 186A / 18

**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

**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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M.D. or other)

Address \_\_\_\_\_ Date signed Jan 9 1946

Office No. 7,  
1-46-43  
Date Filed 2-6-46

FEB 11 1946

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 W. Y. Biddleman

Licensed Embalmer No. 2174

P. O. Address. Butler 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.

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Rich Hill  
(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.....  
years, months or days)

3. (a) PRINT FULL NAME Missouri Craig

3. (b) If veteran, name war..... 3. (c) Social Security No.....

5. Color or race..... 6. (a) Single, widowed, married, divorced Wid

4. Sex Female  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 29 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 9 9 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

12. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 7  
year 1946 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
to..... 19.....

that I last saw him..... and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Chronic Nephritis

Due to.....

Erectured hip from fall on

Due to.....

Cancer of the uterus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 1862  
18

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) (c) Means of injury.....

23. Signature..... (M.D. or other)

Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

1870

1870