

FILED AUG 12 1946

Registration District No. **155**

Primary Registration District No. **4246**

Registrar's No. **109**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carl Junction**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **N. Roney St;**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community **40 years.**
years, months or days

3. (a) PRINT

FULL NAME **Mary E. Craig**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Fem.** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **J. F. Craig**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 17, 1859**
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **27**
If less than one day
hr. _____ min. _____

9. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Pruitt**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary**
15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Craig**
(b) Address **3028 Joplin St; Joplin Mo.**

17. (a) **Burial** (b) Date thereof **Jul. 15, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fairview Cem.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**
(b) Address **Joplin Mo.**

19. (a) **JULY 14, 46** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **28th & Indiana Ave;**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jul.** day **12** 1946
year _____ hour **7:00 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **May 15, 1946** to **June 4, 1946**
that I last saw her alive on **June 4, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to _____
Due to _____

Other conditions **1628**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature *[Signature]* (M.D. or other) _____
Address **Carl Junction Mo** Date signed **7/19/46**

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

Vertical handwritten note on left margin

Handwritten numbers 49, 2, 5 on right margin

46-7-605

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 Berry K. Hulbert.

Licensed Embalmer No. 959

P. O. Address Johnson mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.