

FILED JUL 29 1946

State File No.

Registration District No. 25 Primary Registration District No. 4375 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Conception Junction 2nd 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 54 Yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway
(c) City or town Conception Junction 2nd mo
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERTIA CRAIG
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6 year 1946 hour 5 minute AD.M.
21. I hereby certify that I attended the deceased from July 3 to July 3, 1946 that I last saw her alive on July 31, 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Donald Craig 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 31 1873 (Month) (Day) (Year)

Immediate cause of death Crowning Sclerosis
Due to Indurated Sclerotic
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 72 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Golden mo (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel L. Bryson
13. Birthplace Term 1 (City, town, or county) (State or foreign country)
14. Maiden name Louise Stout
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Faddis

(b) Address Conception 2nd mo

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Home Cemetery

18. (a) Signature of funeral director Frank Phillips

(b) Address Conception 2nd mo

19. (a) July 6 (b) Mrs Maurice Egan (Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy None
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 A. L. Simpson (M. D. or other)
Address Starcher 2nd mo Date signed 7-6-46

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 _____

Lator H. Phillips
Licensed Embalmer No. 1898

P. O. Address _____

Storberly 240

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug
Registrar's No. 12

Registration District No. 250

Primary Registration District No. 4375

1. PLACE OF DEATH:

(a) County nodaway
(b) City or town Conception Junction
(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

Albertia 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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 31 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 10 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

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

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1946 number _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; 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 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 _____ (M. D. or other) _____ Address _____ Date signed _____

SUPPLEMENTARY

WRITE FAIRLY - USE UNFADING INK

MOTHER FATHER

24476