

S. No. 2
M-5-43
5-17-39
I X36671

State File No. _____

FILED SEP 14 1946

Registration District No. 8301 Primary Registration District No. 4421 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Parkville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)

(d) Length of stay: 38 years in hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte

(c) City or town Parkville
(If outside city or town limits, write "RURAL")

(d) Street No. City
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George William Craskey

3. (b) If veteran, name war None

3. (c) Social Security No. 498-30-6230

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec 30 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Waldron Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Blacksmith

12. Name Robert Craskey

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

14. Maiden name Dora Taylor

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

16. (a) Informant Mrs Geo Craskey

(b) Address Parkville Mo.

17. (a) Burial (b) Date thereof July 27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lion Creek Cem.

18. (a) Signature of funeral director Leland A Hauer

(b) Address Parkville

19. (a) July 25-46 (b) Mrs. Ophia Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1946 hour 6 minute 15 P.

21. I hereby certify that I attended the deceased from January to July 24 1946

that I last saw him alive on July 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial infarction Duration 10 min.

Due to Coronary Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 940

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 NO

23. Signature Hunderwood (M. D. or Ch.D.)

Address Parkville Mo. Date signed July 25-46

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

MOTHER FATHER

