

FILED JAN 22 1947
128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Springfield Baptist**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 Weeks**
(Specify whether
In this community **Since 1940**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **837 East Lombard**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MARIE MINER CRAIG**

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

4. Sex **Female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Charles H. Craig (dec)** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **May 20, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 **7** **16** hr. min.

9. Birthplace **South Lebanon, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER

12. Name **Leverett Graig** *Miner*

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

14. Maiden name **Joanna Prump**

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

16. (a) Informant **Mrs. Kate L. Miner (sis)**

(b) Address **837 E. Lombard Spfd., Mo.**

17. (a) **Burial** (b) Date thereof **1/3/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galena, Missouri**

18. (a) Signature of funeral director **ALMA LOHMEYER FUNERAL HOME**

(b) Address **Springfield, Missouri**

19. (a) **1-7-47** (b) *W E Hanley M D*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **6**
year **1947** hour **3:50 A.M.** minute M.

21. I hereby certify that I attended the deceased from **Nov 16**
19 **46** to **1/6** 19 **47**
that I last saw **EN** alive on **1/5** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Duodenum**
Duration **4 mo +**

Due to

Due to

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

Major findings:
Of operations

Of autopsy **46C**

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?

(Specify type of place)
While at work? (e) Means of injury **D**

23. Signature **Guy Hallaway M D** (M. D. or other) **M D**

Address **Springfield Mo** Date signed **1/7/47**

DEC 1 8 1955

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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..... *L. A. Roof*

Licensed Embalmer No..... *3054*

P. O. Address..... *Springfield 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.