

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10433

State File No. _____
Registrar's No. 99

Registration District No. 316 Primary Registration District No. 3061

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River mo
(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) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River mo
(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 _____

3. (a) PRINT FULL NAME Maggie Mae Craig
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 22nd
year 1947 hour 11:30 minute _____ M.
21. I hereby certify that I attended the deceased from 2-23
1946 to 2-22 1947
that I last saw him alive on Dec. 15 1946
and that death occurred on the date and hour stated above.
Immediate cause of death myocardial
coronary stenosis OK

4. Sex F 5. Color or race w.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Earl Craig 6. (c) Age of husband or wife if alive separated years
7. Birth date of deceased Nov 11 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Geo. W. Ornelkey
13. Birthplace Texas
(City, town, or county) (State or foreign country)
14. Maiden name Grace A. Ornelkey
15. Birthplace Washington Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Richard Wurst
(b) Address Flat River mo

17. (a) Burial (b) Date thereof 2-24-47
(Burial, cremation, or disposal) (Month) (Day) (Year)
(c) Place: burial or cremation Hickman Cemetery

18. (a) Signature of funeral director Baldwell Bros
(b) Address Flat River mo

19. (a) 3-31-47 (b) Ether Rulloff
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy 92A

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 B. J. Sherree (M. D. or other) _____
Address Flat River mo

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

244

3/29/47

RECEIVED

District Health Officer No. 4
File Number 447-48
Date Filed 4-7-42

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.A. Caldwell

Licensed Embalmer No. 3317

P. O. Address East River, n

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.