

S. No. 2  
M-8-43  
v. 5-17-39  
1 X37823

16667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 2 1947

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 207

1. PLACE OF DEATH:

(a) County ~~XXXXXXXXXXXX~~ Butler  
(b) City or town rural Neely Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Neelyville Star rt.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days) 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 121  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Neelyville Rt.  
(If not, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ethel Lee Craggs

3. (b) If veteran, name war no 3. (c) Social Security No. 4

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 7, 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 1 5 hr. min.

9. Birthplace Clarksdale Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry

11. Industry or business \_\_\_\_\_

12. Name Robert Handerson

13. Birthplace Jackson Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Winchedester

15. Birthplace Jackson Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Handerson

(b) Address Neelyville, Mo.

17. (a) Burial (b) Date thereof May 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville, Mo.

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo

19. (a) 5/14/47 (b) R. W. Munnice  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1947 hour 9 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from April 2 - 47  
\_\_\_\_\_ 19\_\_\_\_ to Apr 29 1947  
that I last saw her alive on Apr 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma Uteri's

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions:  
(Include pregnancy within 3 months of death)  
48 B

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 C

23. Signature J. J. ... (M. D. or other) \_\_\_\_\_

Address Neelyville, Mo Date signed May 8

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

142

RECEIVED

District Health Office No. 2,

District File Number

547-763

Date Filed

5-27-47

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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.....

*Laura McCord*

Licensed Embalmer No.....

4979

P. O. Address.....

*Naylor, 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.**