S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

658

State File No.

Registration District No. ~~13~~ 98 Primary Registration District No. ~~5476~~ 5365 Registrar's No.

1. PLACE OF DEATH:
(a) County GAVIESS
(b) City or town LINCOLN TWP Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R7D#6, TRENTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GAVIESS 31
(c) City or town TRENTON - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R7D#6, TRENTON 0
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLEY H.W. CRAIG
3. (b) If veteran, name war —
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDA E CRAIG
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased JUNE 10, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	15	— hr. — min.

9. Birthplace GRUNDY CO (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FARM
FATHER
12. Name BENJAMIN F CRAIG
13. Birthplace GRUNDY CO (City, town, or county) MO (State or foreign country) 0
MOTHER
14. Maiden name LOUISANNA COLE
15. Birthplace GRUNDY CO (City, town, or county) MO (State or foreign country) 0
16. (a) Informant Ida E Craig
(b) Address Trenton Mo R7D#6
17. (a) BURIAL (Burial, cremation, or removal) (b) Date there JAN 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Edmonton, Mo.
18. (a) Signature of funeral director Ramie A Davis
(b) Address Trenton Mo.
19. (a) Jan 28, 1948 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 25
year 1948 hour 10:10 minute A M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on Jan 24 — 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Cardiac Insufficiency - (Died suddenly)	
Due to Pernicious Anemia	5 or 6 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

95 C

PHYSICIAN
Underline the cause of 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 0
23. Signature C H Cullers M D (M. D. or other)
Address Trenton, Mo Date signed 1-27-48

Jefferson City Printing Co. 81 (Licensed Embalmer's Statement on Reverse Side)

FEB 10 1948

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 Walter E. Moyer, Registered Apprentice No. 458, working under my personal supervision.

Signed Rayne A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.