. S. No. 2
DM—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 4 1948

Registration District No. 956

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 1507

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Joplin 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. #2, Galena, Kansas 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Gordon James Craig
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Jewel Higginbotham Craig
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 11 (Day) 1919 (Year)

8. AGE: Years 29 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace: Joplin (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Mine Operator
11. Industry or business:

MOTHER FATHER
12. Name: No record 9
13. Birthplace: (City, town, or county) (State or foreign country) 1
14. Maiden name: No record 11
15. Birthplace: (City, town, or county) (State or foreign country) 1

16. (a) Informant: Freeman Hospital
(b) Address: Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Osborne Memorial
18. (a) Signature of funeral director: Parker-Hunsaker
(b) Address: 1502 Joplin, Joplin, Mo.
19. (a) 1-6-48 (Date received local registrar) (b) Dolores Lamplanis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. 2 day: 2nd year: 1948 hour: 4: minute: 30 P.M.

21. I hereby certify that I attended the deceased from December 6, 1947 to January 2, 1948 that I last saw him alive on January 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage about	13 hrs.
Due to: Thrombo-cytopenic purpura hemorrhagic	6 wks.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Thrombo-cytopenic purpura hemorrhagic	

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? Means of injury: 0

23. Signature: [illegible] (M. D. or other)
Address: Joplin, Mo. Date signed:

Jefferson City Printing Co. 150 (Licensed Embalmer's Statement on Reverse Side)

1-3-48

48-1-39

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.