. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 5 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4586

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 134

39
0
0

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 5 days (Specify whether
In this community 2 months 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State N.Carolina (b) County Mecklenburg 999

(c) City or town Charlotte 31
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Noah CRAIG #6487-H

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Johnson

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January (Month) 29 (Day) 1920 (Year)

8. AGE: Years 28 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Charlotte, (City, town, or county) North Carolina (State or foreign country)

10. Usual occupation Farm Laborer & Truck driver

11. Industry or business

FATHER
12. Name James Thomas Craig
13. Birthplace ? (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name Agnes (Rattery) King
15. Birthplace ? (City, town, or county) South Carolina (State or foreign country)

16. (a) Informant File
(b) Address MCFP

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11 Frb 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Charlotte, North Carolina

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Missouri.

19. (a) 2-13-48 (Date received local registrar) (b) W E Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1948 hour 3 minute 15 P.M.

21. I hereby certify that the medical staff attended the deceased from December 5, 1947, to February 10, 1948; that they last saw him alive on February 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Schizophrenia, hebephrenic type, agitated state.	Approx. 3 months.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 4	
Of autopsy	

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 E W Moreland (M. D.)

Address Medical Center Fed. Pris. Date signed 2/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Fred C. Thieme

Licensed Embalmer No. 2899

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.