

FILED JUL 21 1948

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler
(c) City or town Poplar
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Henry Craft

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Jessie Craft 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Dec 9 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Stoddard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank Craft
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Farris
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Craft

(b) Address Julia Mrs.

17. (a) Burial (b) Date thereof 7-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Northrop Cem.

18. (a) Signature of funeral director Walter P. Piggott

(b) Address Piggott Park

19. (a) 7-15-48 (b) W. P. Piggott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10
year 48 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 8 1948 to July 10 1948
that I last saw alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Chronic Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 W. P. Piggott (M. D. or other) _____

Address Poplar Bluff Mo Date signed 7-15-48

RECEIVED

District Health Office N

District File Number 748

Date Filed 7-12

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 Me

....., Registered Apprentice No. 50

working under my personal supervision.

Signed Lloyd R. Russell

Licensed Embalmer No. 509

P. O. Address Piggott, Ark.

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.