

11-17-39

30458

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

Registration District No. 4338

Primary Registration District No. 4338

Registrar's No. 72

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town MONROE CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
510 S. LOCUST STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town MONROE CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 510 S. LOCUST
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME BLANCH CRAIG

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race NEGRO

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

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

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

7. Birth date of deceased MARCH 13 1902
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 22 If less than one day hr. min.

9. Birthplace TRENTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business.....

MOTHER FATHER

12. Name JOSEPH CRAIG

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

14. Maiden name DONT KNOW

15. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Williams

(b) Address Sumner City Mo.

17. (a) Burial, cremation, or removal Buried

(b) Date thereof 10-9-48
(Month) (Day) (Year)

(c) Place: burial or cremation St. Juba Monroe Mo.

18. (a) Signature of funeral director WILSON SONS

(b) Address Monroe City Mo.

19. (a) 10-7-48 (Date received local registrar)

(b) Blue Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5 year 1948 hour 3 minute 15 AM.

21. I hereby certify that I attended the deceased from OCT 1 to OCT 5 1948 and that I last saw him/her alive on OCT 5 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE 4D4

Due to.....

Due to.....

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

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.....

23. Signature W. Williams (M. D. or other)

Address Monroe City Mo. Date signed 10/9/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 
District File No. 10-48-1754
Date Filed OCT 11 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.....

Charles V. Greening

Registered Apprentice No. 214

working under my personal supervision.

Signed.....

Lucie P. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis, Tenn

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.