

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39820

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1099

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:  
St. Johns 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)

In this community 8 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 807 W. Tampa  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George O. Craig

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1948 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 12-1, 1948, to 12-18, 1948.  
that I last saw h IM alive on 12-17, 1948,  
and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September 14 1865  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage 18 Days

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>4</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 830

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Marne Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Fire Chief Ass't-Retired

11. Industry or business Same as above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Potter Benjamin Craig

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

14. Maiden name Melissa J. Spencer  
(City, town, or county) (State or foreign country)

15. Birthplace ? Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Shrum (Daughter)

(b) Address 4606 N. Hermitage-Chicago, Ill

17. (a) Removal (b) Date thereof DEC. 19 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebraska

18. (a) Signature of funeral director J.W. Klingner & Co.  
Springfield, Missouri

(b) Address \_\_\_\_\_

19. (a) 12-19-48 (b) W. Handley MD  
(Date received local registrar) (Registrar's signature)

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? 0-3

While at work? \_\_\_\_\_  
(Specify type of place) Means injury

23. Signature Max Fitch (M. D. or other) MD  
Address \_\_\_\_\_ Date signed 12-18-48

---

---

**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.....

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

**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.**