

FILED SEP 28 1948 7
Registration District No. 7

Primary Registration District No. 4218

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(c) Name of hospital or institution 709 S. Tebo
(d) Length of stay: In hospital or institution 6 years
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(d) Street No. 709 S. Tebo
(e) Citizen of foreign country No
If yes, name country

3. (a) PRINT FULL NAME Mrs. Flora Helphrey Craig

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W. Craig 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 20 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 27 If less than one day

9. Birthplace Taney County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business David Helphrey

12. Name David Helphrey 13. Birthplace Unknown Iowa

14. Maiden name Unknown 15. Birthplace Unknown Unknown

16. (a) Informant John W. Craig (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 9-19-48
(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner (b) Address Windsor, Missouri

19. (a) 9-21-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1948 hour 1 minute 10 p. M.

21. I hereby certify that I attended the deceased from Sept 17 to Sept 17, 1948 that I last saw her alive on Sept 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Due to

Other conditions: None
Major findings: Of operations: H6Y
Of autopsy: None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: R. R. Kenney (M. D. or other)
Address: Windsor, Mo Date signed: 9-19-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 8-48-1124

Date Filed 9-27-48

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 _____

William M. Turner, Registered Apprentice No. 470,
working under my personal supervision.

Signed Edwin H. Heston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.