

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

12441
Do not use this space.

DEC'D APR 6 1939

1. PLACE OF DEATH *Saline*

(a) County *Saline* Registration District No. *796*

(b) Township *Marshall* Primary Registration District No. *3038* Registered No. *65*

(c) City *Marshall* (d) Street No. *725 North Odell* St. *North Odell*

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *JAMES WESLEY CRAIG*

(a) Residence, No. *325 North Benton* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 22, 1935*

7. AGE YEARS <i>3</i>	MONTHS <i>3</i>	DAYS <i>3</i>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Child*

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Marshall*
(STATE OR COUNTRY) *Missouri*

FATHER: 13. NAME *George Craig*
14. BIRTHPLACE (CITY OR TOWN) *Keptesville*
(STATE OR COUNTRY) *Mo*

MOTHER: 15. MAIDEN NAME *Ollie Mae Rainey*
16. BIRTHPLACE (CITY OR TOWN) *Saline Co*
(STATE OR COUNTRY) *Mo*

17. INFORMANT *Geo Craig*
(ADDRESS) *Marshall, Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Ridge Park Cem* DATE *Mar 27, 1939*

19. FUNERAL DIRECTOR (NAME) *Short & M. Crary*
(ADDRESS) *Marshall, Mo*

20. FILED *3-27-39* 19. *39*
Mary Kest
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-25-1939*

I HEREBY CERTIFY, That I attended deceased from *held inquest*, 19... to *March 26*, 1939

I last saw him alive on... 19... Death is said to have occurred on the date stated above, at *4 P. m.*

The principal cause of death and related causes of importance were as follows:
Drowning from accidentally falling into a cistern at Forrest Short's home - 725 No. Odell Ave.

Date of onset

Other contributory causes of importance: *150'*

Name of operation... Date of...
What test confirmed diagnosis?... Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Accident* Date of injury *3-25-1939*
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify...
(Signed) *B. C. Bradshaw* M. D.
Address *Arrow Rock, Mo.*
Coroner of Saline Co. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER
TO BE FILED WITH THE BODY

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.

P. O. Address

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, above space should be left blank.