

1939 AUG 4 1939

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

25876
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Primary Registration District No. 3020 Registered No. 145
(c) City Carthage (d) Street No. McCune-Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Robert J. Cragin

(a) Residence, No. 413 Kansas Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ass't. Fire chie
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) Barton County
(STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Hattie Cragin
(ADDRESS) 413 Kansas Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE 7-29-39

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
(ADDRESS) Carthage, Mo.

20. FILED July 28 1939 E. J. McEntire, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to 19.....
I last saw him alive on July 27, 1939 Death is said to have occurred on the date stated above, at 6:30 P. M.
The principal cause of death and related causes of importance were as follows:

Accidental trauma
Concussion, fracture of
head from impact
to top of head
1st 2nd & 3rd degree burns
Date of onset 181

Other contributory causes of importance:
Thrombosis of coronary
arteries, atherosclerosis
of coronary arteries
and aortic aneurysm

Name of operation none Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/26/39

Where did injury occur? Carthage, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

At firing station
Manner of injury explosive
Nature of injury explosive

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify
(Signed) R. M. Hunter, M. D.
(Address) Joplin, Mo.

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.

NOV 17 1945

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/3/45

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 *E. Colver*

Licensed Embalmer No. 2222

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.