

S. No. 2
 -11-10-39
 v. 5-17-39
 I X21492

FILED JUL 15 1940
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **20816**
 Registrar's No. **2433**

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3234 Cleveland Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John F. Craggett 623
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Ellen M. Craggett 6. (c) Age of husband or wife if alive 1861 years
 7. Birth date of deceased Dec. 27 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 17 If less than one day hr. min.

9. Birthplace St. Genevieve Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business 1

MOTHER FATHER
 12. Name Thos. Craggett
 13. Birthplace St. Genevieve Co., Mo.
 14. Maiden name Hester Parker
 15. Birthplace Unknown Ky.

16. (a) Informant A. J. Main
 (b) Address 3222 Rockbridge

17. (a) Burial (b) Date thereof June 14-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood K.C. Mo.

19. (a) June 14, 1940 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3234 Cleveland Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 14 year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from JUNE 10, 1940, to JUNE 14, 1940, that I last saw him alive on JUNE 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death uræmia
Pyelo-nephritis
 Due to Prostatic hypertrophy
 Due to Chronic cystitis
 Other conditions: 131
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: None
 Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 1

23. Signature J. O. Chambers (M. D. or other) M. D.
 Address 174 Professor J. Bldg Date signed 6/14/40

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 Chas. T. Ellis

Licensed Embalmer No. 2644

P. O. Address 1810 Firwood

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.