

No. 2
-13-40
17-33
X-100

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38261

DEC 12 1940 89

Primary Registration District No. 5134A

Registrar's No. 3521

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

1. PLACE OF DEATH:

(a) County: Butler

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

(c) Name of hospital or institution: ash Hill T.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days _____

3. (a) PRINT FULL NAME: Mahela Evaline Craft

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced: widow

6. (b) Name of husband or wife: James Craft 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: About 1856
(Month) (Day) (Year)

8. AGE: Years about 84 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Dent Co. mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business _____

12. Name: Essell Black /

13. Birthplace: Ind. /
(City, town, or county) (State or foreign country)

14. Maiden name: Essell Stringer

15. Birthplace: Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant: Effie Craft

(b) Address: Poplar Bluff mo

17. (a) Burial (b) Date thereof: Nov. 24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn

18. (a) Signature of funeral director: none

(b) Address: 11/24/40

19. (a) (Date received local registrar) (b) Chatterton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

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

(d) Street No.: Broasley
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1940 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from June 1940
_____, 19____, to Nov., 19____.

that I last saw her alive on Nov. 1, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Hypertension

Due to _____

Due to _____

Other conditions: g. w.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

White at work _____ (Specify type of place)
(a) _____ (b) Means of injury _____

23. Signature: [Signature] (M. D. or other) _____
Address: Poplar Bluff, Mo Date signed: 11/24/40

JAN 29 1947

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Not embalmed
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, fact should be so stated above.