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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1940

State File No. 38330

Registration District No. 104 Primary Registration District No. 5153 Registrar's No. 298

**1. PLACE OF DEATH:**

(a) County Callaway

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

(c) Name of hospital or institution: ONE half Mi South Fulton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) — 37 years

In this community 37 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Callaway

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

(d) Street No. 2½ Mi South of Fulton, Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME Ennis Beauregard Craghead

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Winnie Craghead

6. (c) Age of husband or wife if alive ——— years

7. Birth date of deceased April (Month) 15 (Day) 1861 (Year)

8. AGE: Years 79 Months 6 Days 26. If less than one day ___ hr. ___ min.

9. Birthplace Unity, Callaway Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Thomas Craghead
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Gilbert
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Kenmie Craghead
(b) Address Fulton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 13 (Day) 40 (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Leo G Wallace
(b) Address Fulton Mo.

19. (a) Nov. 13, 1940 (Date received local registrar) (b) R. N. Cruis (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11th day 11th year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw him dead on November-11th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death an automobile accident. Car went over embankment driven by him self, crushing chest and breaking right leg and bad scar in forehead.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
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) Accident
(b) Date of occurrence Nov-11th
(c) Where did injury occur? Near Fulton (City or town) Callaway (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on public road (Specify type of place)
While at work? traveling (e) Means of injury Automobile

23. Signature I. W. Holman Corona (M.D. or other)
Address 8-E. 8th St. Fulton, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 James A. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton Mo.

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

**If this body is not embalmed, fact should be so stated above.**