

No. 2
11-10-33
5-17-33
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6442**

MAR 11 1941 89

Registration District No. 89

Primary Registration District No. 5134

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Fish
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12
(c) City or town Fish
(If outside city or town limit write "RURAL") 0
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHARLES PETER CRAGG

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

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

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

7. Birth date of deceased May 12 1861
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Randolph Co. N.C. (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Nicholas Cragg
13. Birthplace N.C. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Liles
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frank Cragg

(b) Address Fish, Mo.

17. (a) Burial (b) Date thereof Feb 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wid. Cemetery

18. (a) Signature of funeral director Edna J. Smith

(b) Address Fish, Mo.

19. (a) 3/5/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1941 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb 17 1941 to Feb 27 1941
that I last saw him/alive on Feb 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation of heart

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? Y

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

23. Signature R. F. Farley (M. D. or other) D

Address Fish Date signed Feb 27 1941

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.