

MAR 17 1941

Registration District No. 378

Primary Registration District No. 4232

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Howard
 (b) City or town Fayette, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life years, months or days)

8. (a) PRINT
FULL NAME Maggie Cradens8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Female5. Color or
race Negro6. (a) Single, widowed, married,
/ divorced married6. (b) Name of husband or wife
Frank Cradens6. (c) Age of husband or wife if
alive 29 years7. Birth date of deceased
(Month) Nov.(Day) 25(Year) 1913

8. AGE:

Years

Months

Days

If less than one day

3732

hr. _____ min.

9. Birthplace

Howard
(City, town, or county)MO.
(State or foreign country)

10. Usual occupation

at home

11. Industry or business _____

MOTHER FATHER

12. Name George Burris13. Birthplace Howard
(City, town, or county)MO.
(State or foreign country)14. Maiden name Idea Jackson15. Birthplace Howard
(City, town, or county)MO.
(State or foreign country)16. (a) Informant's own signature Frank Cradens(b) Address Fayette, Mo.17. (a) Burris
(Burial, cremation, or removal)(b) Date thereof 3/2/41
(Month) (Day) (Year)(c) Place: burial or cremation Hilldale18. (a) Signature of funeral director A. S. Menden(b) Address New Franklin Mo.19. (a) 3-4-41
(Date received local registrar)(b) Anna C. Fink
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
 (c) City or town Fayette, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. So. new address
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
 year 1941 hour 9 minutes 15 M.

21. I hereby certify that I attended the deceased from Nov. 11-40
 to Feb. 27 1941
 that I last saw her alive on Feb. 27 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
4 months
 Duration _____

Due to _____

Due to _____

Other conditions _____

(include pregnancy within 3 months of death)

Major findings: noneOf operations noneOf autopsy no

PHYSICIAN _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

23. Signature J. L. Richards (M. D. or other) _____
 Address Fayette Mo Date signed 3-4-41

RECEIVED
District Health Officer No. 8,
District File Number
Date filed 9-19-41

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 W. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin,

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.