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FILED APR 28 1941

State File No. _____

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 90

1. PLACE OF DEATH: Adair
 (a) County _____
 (b) City or town Greentop Mo Rural
 (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 _____
 years, months or days)

3. (a) PRINT FULL NAME Thomas Cragg (Craig)
 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 Elsie Maud Craig
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12 2 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 18 20 _____ hr. _____ min.

9. Birthplace Lincolnshire Eng
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Nelson Craig
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Edna Richardson
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Orvil Craig
 (b) Address Kirksville Mo

17. (a) Burial (b) Date thereof 3-10-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Madison Cem.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) Mar. 26/41 (b) Spencer L. Freeman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Adair
 (c) City or town Greentop Mo Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 yrs 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
 year 1941 hour I minute 30 AM

21. I hereby certify that I attended the deceased from 2-8-41
 _____, 1941, to time of death
 that I last saw him alive on 2-8- _____, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

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) _____
 (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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]
 Address Greentop, Mo Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-811

Date Filed APR 14 1941

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 *H. E. R. Kent*

Licensed Embalmer No. 4181

P. O. Address *H. E. R. Kent 410*

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

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