

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30987

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 211 N. 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME SARAH-IDA-CRAIG

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

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. 2-13-1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 28 If less than one day..... hr..... min.

9. Birthplace Prathersville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation cook

11. Industry or business Boarding House

MOTHER FATHER { 12. Name Henry Craig
13. Birthplace Dunk Knob, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dunk Knob
15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Crosswhite Douglas
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 8-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stuart P. Parker

(b) Address Columbia, Missouri

19. (a) 8/13/41 (b) Allie Selby
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 1941 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 7-8-41 to 8-11-41 19.....;
that I last saw her alive on 8-10-41 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage
Paralysis

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?.....

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

23. Signature Dr. Moore (M. D. or other).....
Address 301 N. 5th St. Columbia, Mo. Date signed 8-13-41

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

10
2
4

3

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: *Stuart P. Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbia, Md.*

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.