7. S. No. 2
9M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17243

State File No.

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 152

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 hours (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town ~~XXXXXXXXXX~~Novinger
(If outside city or town limits, write "RURAL")
(d) Street No. General Del.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Margora Frances Craig
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Roy Craig
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased March 15, 1899 (Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Macon (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Siegle Hinds
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Emma Mason
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Roy Craig
(b) Address Novinger, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Macon Mo.
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) May 26, 1942 (Date received local registrar) (b) Mrs. J. L. Wayne (Registrar's signature)

1049

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from May 24th, 1942 to May 25th, 1942 that I last saw h. alive on May 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	24 hrs.
Due to: Long standing mitral lesion	10 yrs.
Due to: Also Intestinal obstruction (Bowel almost gangrenous) - P.V.	4 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Intestinal obstruction due to postoperative adhesions from draining appendix 3 yrs ago -
Of autopsy: None done

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature George E. Grim (M. D. or other) M.D.
Address 112 E. Patterson Kirksville, Mo. Date signed 5-26-42

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

JUL 15 1942

District Health Unit # 10
File # S-42-1180

JUN 4 1942

AUG 19 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville Mo.

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.