

FILED JUL 13 1942 135

Registration District No. \_\_\_\_\_

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCormick Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME Gabe Craig

3. (b) If veteran, name war  3. (c) Social Security No. None

4. Sex male 5. Color or race White 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: Dec 8<sup>th</sup> 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace: \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name Henry H. Craig

18. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

14. Maiden name Tinette Vincent

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

16. (a) Informant's own signature Mrs Leo O'Hearn

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof July 7<sup>th</sup> 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove near Madison Mo

18. (a) Signature of funeral director Malsan and Son

(b) Address Moberly Mo

19. (a) July 5<sup>th</sup> 42 (b) Erma Hove  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 801 No Morley  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5<sup>th</sup>  
year 1942 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 30, 1942 to July 5, 1942  
that I last saw him alive on July 5, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage in brain

Duration

5 ds

Due to cause unknown

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) §301

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? no

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

23. Signature H. P. McCormick (M. D. or other) 0

Address Moberly Mo Date signed 7-5-42

REV. 5-17-39 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1036

JUL 13 1972

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**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

*Frank D. Witt*

Licensed Embalmer No.

*3021*

P. O. Address

*Moberly 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, above space should be left blank.**