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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23335

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2801

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether

In this community 3 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City 14 (If outside city or town limits, write "RURAL")

(d) Street No. 822 Oakland 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Fred H. Craig

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race 2 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 8 (Month) 8 (Day) 1941 (Year)

8. AGE: Years no Months 11 Days 14 If less than one day hr. min.

9. Birthplace K. C. (City, town, or county) Kansas (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Ross Madison Craig
13. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Mary Fitts
15. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mary Craig

(b) Address 822 Oakland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn

18. (a) Signature of funeral director Mrs. J. W. Jones K. C. Emb. & Casket Co.

(b) Address 440 State Ave K. C. K.

19. (a) 7-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22 year 1942 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Coroner, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Lye poisoning

Due to — 179.

Due to 13

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Healey & Medical

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) Accident

(b) Date of occurrence 7/22/42 123

(c) Where did injury occur? Kansas City Wyandotte Ks (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) Child at Ave.

While at work? no (e) Means of injury

23. Signature [illegible] 3 (M. D. or other)

Address Lewis Date signed 7/24/42

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(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1947

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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State Ave. 76

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.