

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural-- Big Creek
(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 John Ambrose Craggett
(b) If veteran, name war 1st. world
(c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Esther Zahner Craggett
6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased. April 2 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>3</u>	<u>24</u> hr. min.

9. Birthplace Festus Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Policeman

11. Industry or business Metropolitan Police Force

12. Name John F. Craggett

13. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Missouri Bequet

15. Birthplace St. Francois Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Esther Craggett (wife)

(b) Address R.F.D. Zion, Missouri

17. (a) Burial (b) Date thereof 7-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City Missouri

18. (a) Signature of funeral director Stanley A. Arson

(b) Address Fredericktown, Mo.

19. (a) July 28 1942 (b) S. C. S. Craggett
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Rural--Big Creek
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles from Zion, Mo.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th.
year 1942 hour 4: minute P. M.

21. I hereby certify that I attended the deceased from.....
....., 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 Heart failure

Due to Mitro-regurgitation

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 James H. Coulter
Address Fredericktown, Mo. Date signed 7-28-42

Duration

None.

Instant death.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. ⁴⁴

District File Number 842-102

Date Filed 8-13-42

SEP 23 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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Fredericktown

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.