

FILED AUG 24 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28401

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jessie Registration District No. 565  
(b) Township Shurely Primary Registration District No. 674910 Registered No. One  
(c) City Licking (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Clabern Jackson Craddock  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Belle Craddock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1959

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
82 — 19

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) Jan 1955 11. Total time (years) spent in this occupation. 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen Mo

FATHER  
13. NAME Jim Craddock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not know Virginia

MOTHER  
15. MAIDEN NAME Martha E Moss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not know Ky

17. INFORMANT (ADDRESS) Mr Tom Craddock Licking Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Craddock Cem DATE 12-2-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Ferguson Licking

20. FILED 2/16/42 J. H. Wood Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-41

22. I HEREBY CERTIFY That I attended deceased from Nov 21, 1941, to Nov 30, 1941

I last saw him alive on 11 30, 1941. Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset

Other contributory causes of importance: 131 b

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_

(Signed) J. H. Wood, M. D.  
(Address) Licking Mo

1231 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED

District Health Officer No. 5,

District File Number 742619

Date Filed 8-19-42

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 Not

Embalmed

, Registered Apprentice No. ....

working under my personal supervision.

Signed Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.