

FILED NOV 9 1942

Primary Registration District No. 5291

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
100 F Home Liberty 5
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 1 month 13 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
 (c) City or town Spicard
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Peter Craig

(b) If veteran, name war No (c) Social Security No. No

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 Oct 25 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Grundy Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER
 { 12. Name Jake Craig
 { 13. Birthplace Unknown Ark
(City, town, or county) (State or foreign country)
 { 14. Maiden name Christ Hardening
 { 15. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Rogers

(b) Address 100 F Home Liberty

17. (a) Rural (b) Date thereof Sept 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100 F Cemetery Liberty

18. (a) Signature of funeral director Boarder J

(b) Address Liberty

19. (a) Oct 31 1942 (b) Helmer Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
 year 1942 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 16 1942 to Sept 28 1942
 that I last saw him alive on Sept 28 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death General Arterio Sclerosis

Duration 10 yrs

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature Burton Malby (M. D. or other) M.D.

Address Liberty Mo Date signed 30-9-42

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

24
2
1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-6-42

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 _____

_____, Registered Apprentice No. _____

~~working under my personal supervision.~~

Signed _____

Licensed Embalmer No. 3934

P. O. Address Liberty 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.