

S. No. 2  
DM-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40231**  
Registrar's No. **1265**

FILED JAN 13 1942

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:  
(a) County **Buchanan**  
(b) City or town **St Joseph**  
(c) Name of hospital or institution **1703 Warfield**  
(d) Length of stay: In hospital or institution **Mo**  
In this community **Whole life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Buchanan**  
(c) City or town **St Joseph**  
(d) Street No. **1703 Warfield Ave.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Jossie Craig**  
(b) If veteran name war **none**  
(c) Social Security **3233813**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **21st** year **1942** hour **9** minute **0** M.  
21. I hereby certify that I viewed the deceased on **Dec 21** 19**42** at **9** o'clock **A**. M.  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **negro**  
6. (a) Single, widowed, divorced, or married **widowed**  
(b) Name of husband or wife **July**  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 2** 18**75**

Immediate cause of death: **Coronary Thrombosis** 1 day  
Due to **General Arteriosclerosis** 1 year  
Other conditions: **940**  
Major findings: **NO**

8. AGE: Years **66** Months **5** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace **Buchanan Co. Mo**  
10. Usual occupation **Domestic work**  
11. Industry or business **none**

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Date signed **12/23/42**

MOTHER FATHER }  
12. Name **Robert Sutton**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
16. (a) Informant **Virginia Nichols**  
(b) Address **2630 Grant St**  
17. (a) **Burial** (b) Date thereof **Dec 26-42**  
(c) Place: burial or cremation **City Cem**  
18. (a) Signature of funeral director **Ramsey & Son**  
(b) Address **1602 Messner St**  
19. (a) **12-26-42** (b) **Rae Hagan**

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? \_\_\_\_\_  
(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 **H. F. Munchy** (M. D. or other) **Coroner**  
Address **1404 103rd St** Date signed **12/23/42**

FEB 1 1943

**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. *4081*

P. O. Address. *1602 Messers*

**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.**