

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11183

State File No.

MAR 17 1943

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 422 Union
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James P. Craig

3. (b) If veteran, name war..... 3. (c) Social Security No. 496-12-3503

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. Aug 9th 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 7 3 ..hr. min.

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

10. Usual occupation laundry worker

11. Industry or business Noel Laundry

12. Name Henry L Craig

13. Birthplace..... Mo
(City, town, or county) (State or foreign country)

14. Maiden name Linetta Vincent

15. Birthplace..... Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Leo O'Hearn

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof. Mch 14th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly, Mo

19. (a) 2/13/43 (b) Irma Nove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from March 12
1943, to March 12 1943
that I last saw him alive on March 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to.....

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) no

(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 W. C. Buffels (M. D. or other)
Address Moberly, Mo Date signed 3/13/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

WAR 22 1943

RECEIVED

District Health Officer No. 10

District File Number 3-43-546

Date Filed Mar 16, 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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.