

FILED DEC 29 1944

State File No. \_\_\_\_\_

Registration District No. 176

Primary Registration District No. 5568

Registrar's No. 323

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence - Rural Blue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rural - Independence, Route # 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 1/2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence - Rural  
(If outside city or town limits, write "RURAL")  
Route # 2  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Edward E. Craig

3. (b) If veteran,

name war no

3. (c) Social Security

No. 487-01-7535

4. Sex

male

5. Color or race

white

6. (a) Single, widowed, married, divorced

widowed

6. (b) Name of husband or wife

Anna Ingalsbe Craig

6. (c) Age of husband or wife if alive

8th years

7. Birth date of deceased

October  
(Month)

8th  
(Day)

1875  
(Year)

8. AGE:

Years 69

Months 2

Days 4

If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace

Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation

Electrical Engineer

11. Industry or business

MOTHER FATHER

12. Name

John W. Craig

13. Birthplace

Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name

Permelia Combs

15. Birthplace

Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. L. M. Dumas, Jr.

(b) Address

Overland Park, Kansas

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

12-14-44  
(Month) (Day) (Year)

(c) Place: burial or cremation

Elmwood Cemetery

18. (c) Signature of funeral director

Freeman Mortuary

(b) Address

Kansas City, Mo.

19. (a)

12-13-1944  
(Date received local registrar)

James W. Ross  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pneumonia

Due to Senility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Inspection

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) (c) Means of injury \_\_\_\_\_

23. Signature J. H. O'Brien (M. D. or other) \_\_\_\_\_

Address 1034 Realtors Bldg Date signed 12/13/44

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

JAN 6 1945

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City 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.**