

FILED JAN 10 1945

Registration District No. 167

Primary Registration District No. 5608

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution none (Specify whether 1)

In this community 48 years (years, months or days)

3. (a) PRINT FULL NAME LYDIA ALICE CRAIG

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Clarence Craig 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 31, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>10</u>	<u>6</u>	hr. _____ min.

9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Chas. Augustus Shore

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

14. Maiden name Nancy Taylor

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

16. (a) Informant Clarence Craig

(b) Address Route #1, Holden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 12-10-44 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Route #1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7, year 1944 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Aug 7, 1943 to Dec 7, 1944 that I last saw her alive on Dec 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardiovascular disease

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 93d

Of autopsy _____

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 0

23. Signature Kelly Rawlins (M. D. or nurse)
Address Holden Mo. Date signed 12/10/44

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

1002

JAN 23 1946

JAN 23 1946

JUN 3 1946

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..... *M. A. Canaday*.....

Licensed Embalmer No. *34341*.....

P. O. Address..... *Holden, N. D.*.....

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.