

FILED JUL 9 1946
Registration District No. 47

Primary Registration District No. 3008

18522
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County SALLAWAY

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME WILLIAM E. CRAIGHEAD

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife MADEL ROBERTS

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

7. Birth date of deceased JAN 28 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation RETIRED

11. Industry or business MAIL CARRIER

12. Name JAMES CRAIGHEAD

13. Birthplace LIVINGSTON CO MO
(City, town, or county) (State or foreign country)

14. Maiden name DR.

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

16. (a) Informant MRS MYRTLE THOMAS

(b) Address FULTON, MO

17. (a) BURIAL (b) Date thereof JUNE 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST, FULTON, MO

18. (a) Signature of funeral director Glen Y. Maurer

(b) Address 712 Court St, Fulton, Mo

19. (a) JUNE 28 1946 (b) Jesse Morawickoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

(d) Street No. FLORAL HILL
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 13 1946 to June 26 1946
that I last saw him alive on June 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Quodenal Carcinoma 1 yr.

Due to _____

Due to _____

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

Major findings: gnostatic Hypertrophy

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)

(c) Means of injury ?

23. Signature Blayd E. Hutchins D.O.

Address Fulton, Missouri Date signed 6/28/1946

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-8-46

OCT 8 1945
NOV 26 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 J. J. Ross
Licensed Embalmer No. 2555
P. O. Address Fulton 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.