

No. 2
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17-39
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FILED SEP 30 1946 **STANDARD CERTIFICATE OF DEATH** *Jurgenson* State File No. **30742**

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 147

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Wells City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 213 S. HALL
 (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Wells City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 213 S. Hall
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Corbett Leslie Craig
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 26
 year 1946 hour 11 minute 0 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Zella M. Craig
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased March 12 1893
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 9, 1946, to Sept 26, 1946;
 that I last saw him alive on Sept 26, 1946;
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Cardiovascular-renal disease 7 yrs
 Duration _____

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

Due to _____
 Due to _____

10. Usual occupation car maker

Other conditions Emphysema 7 yrs
 (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy 131A

MOTHER FATHER

12. Name James Craig
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Zella M. Craig
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Zella M. Craig

22. If death was due to external causes, fill in the following:

(b) Address Wells City, MO

17. (a) Burial (b) Date thereat Sept 28 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Church

(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? _____

18. (a) Signature of funeral director Wells City, Mo.

While at work? _____ (Specify type of place)
 (c) Means of injury 0

(b) Address Wells City, Mo.

19. (a) SEPT. 27; 1946 (b) J. H. Jurgenson
 (Date received local registrar) (Registrar's signature)

23. Signature J. H. Jurgenson (M. D. certificate)
 Address Wells City, Mo. Date signed 9/27/46

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

46-8-826

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.....

Harvey E. Arme

Registered Apprentice No. *412*

working under my personal supervision.

Signed *A. K. Mills*

Licensed Embalmer No. *347*

P. O. Address *Webb City, Missouri*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Out
Registrar's No. 177

Registration District No. 155

Primary Registration District No. 3127

1. PLACE OF DEATH:

(a) County Jasper Webb City
(b) City or town Jasper Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME

Carbett L Craig

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased mar 12 1946
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation CORE MAKER

11. Industry or business WEBB CORP; WEBB CITY, MO
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

13. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) J. L. Dickson Jr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEP 1946 year 5 hour 12 minute 6 M.

21. I hereby certify that I attended the deceased from _____ 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 _____

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) _____
(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 _____
Signature _____ (M. D. or other) _____
Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

30742