S. No. 2
M—2-43
r. 5-17-39
X35697

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

31707

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32939

State File No.

FILED NOV 1 1946

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 350

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours (Specify whether years, months or days)
In this community 5 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. R.F.D. # 1-Neelys Landing
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Ralph Craft

3. (b) If veteran, name war World War # 2

3. (c) Social Security No.

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 September (Month) 6th (Day) 1925 (Year)

8. AGE: Years 21 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Neelys Landing (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Employed at Colonial Tavern

11. Industry or business

FATHER
12. Name Alfred Craft
13. Birthplace Neelys Landing (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Delia Hurst
15. Birthplace Neelys Landing (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. & Mrs. Alfred Craft
(b) Address Neelys Landing, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Church of God Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 10-26-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1946 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental — self inflicted gun shot wound in the left chest - Shock traumatic	
Due to 12 gauge single barrel shot gun slipping from his hands the	
Due to hammer striking a post step and discharging	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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) Accident
(b) Date of occurrence Oct. 17, 1946
(c) Where did injury occur Neelys Landing (City or town) Cape (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At the farm Home of Wm Ackman (Specify type of place)
While at work? No (e) Means of injury Shot gun

23. Signature Dr. J. H. Sigmund (M.D. or other)
Address Jackson Mo Date signed 10-18-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1046-2809

Date Filed 10-28-46

MAR 4 1953

JAN 28 1947

NOV 19 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 Howard L. Hamm

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.