

FILED SEP 9 1947
725

Registration District No.

Primary Registration District No. 5611

Registrar's No.

1. PLACE OF DEATH:

(a) County JOHNSON
(b) City or town RURAL-POSTOAK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CHILHOWEE RT. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON 51
(c) City or town Chilhowee (If outside city or town limits, write "RURAL")
RFD 1
(d) Street No. Postoak Township (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDGAR LEE CRAIG

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 MARRIED

6. (b) Name of husband or wife ELIZA JEAN CRAIG 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JAN. 1 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 14 hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER-FATHER { 12. Name FRANCIS CRAIG
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name BECK HAUS
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MARIE KETTERMAN
(b) Address HARRISONVILLE MISSOURI

17. (a) BURIAL (b) Date thereof 8-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WARRENSBURG, MO.

18. (a) Signature of funeral director F. L. Schaberg

(b) Address Warrensburg Missouri

19. (a) 8-18-47 (b) Mamie Stender
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8-15 to 8-15, 1947
that I last saw him alive on 8-15 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to _____

Due to _____

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

Major findings: Of operations 83A 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) (e) Manner of injury _____

23. Signature P. Lee Cooper MD. (M. D. or other) _____
Address Warrensburg Mo Date signed 8-18-47

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

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.....

Francis Lee Schaberg

Registered Apprentice No. *464*

working under my personal supervision.

Signed.....

F. E. Wilkinson

Licensed Embalmer No. *9478*

P. O. Address *Clinton 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.