

FILED NOV 28 1947
 Registration District No. _____

Primary Registration District No. 3002

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

1. PLACE OF DEATH:
 (a) County... Audrain
 (b) City or town... Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 Audrain Hospital
(If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State... MO (b) County... Audrain 4
 (c) City or town... Mexico 1
(If outside city or town limits, write "RURAL") 2
 (d) Street No. 1116 S. Washington
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME... Baby Craig
 3. (b) If veteran, name war... No 3. (c) Social Security No. No
 4. Sex... F 1 5. Color or race... W 6. (a) Single, widowed, married, divorced... S 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive... years _____
 7. Birth date of deceased... Sept. 27, 1947
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
 3 hr. 30 min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept 29 day 29
 year 1947 hour 2 minute 15 P.M.
 21. I hereby certify that I attended the deceased from Sept 27
 1947, to Sept 27 1947
 that I last saw her alive on Sept 27 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death... Respiratory failure
 Due to Premature birth
 Due to Premature rupture of membranes
 Other conditions (Include pregnancy within months of death)
 Major findings:
 Of operations...
 Of autopsy...
 Duration 3 hrs
 3 wks

9. Birthplace... Mexico, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation... Baby
 11. Industry or business _____
 MOTHER FATHER { 12. Name... G. F. Craig
 13. Birthplace... Bellville, Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name... Mary Jean Bu Whay
 15. Birthplace... Hardin, Ill.
(City, town, or county) (State or foreign country)
 16. (a) Informant... G. F. Craig
 (b) Address... Mexico, Mo.
 17. (a) Burial (b) Date thereof... 9/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation... Elmwood
 18. (a) Signature of funeral director... Chas. Arnold
 (b) Address... Mexi co, Mo.
 19. (a) 9/28/47 (b) Blanch Neely
(Date received local registrar) (Registrar's signature)

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 0
 23. Signature... M. McIntosh (M. D.)
 Address... Mexico, Mo. Date signed 9-29-47

RECEIVED
District Health Officer No. 10
District File Number 11-47-1620
Date Filed NOV 25 1947

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 Chas Arnold Jr
Licensed Embalmer No. 3569
P. O. Address Murphy 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.