

S. No. 2.
M-843
v. 5-17-39
I X37823

FILED DEC 22 1947

3088

Registration District No. 15

Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hosp. 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Days.
(Specify whether
 In this community 9 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Iowa (b) County Polk 999
 (c) City or town Clive 13
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 2
 If yes, name country _____

3. (a) PRINT FULL NAME Dorothy Maxine Craig

3. (b) If veteran, name war No 3. (c) Social Security No. 513-12-0568

4. Sex Female 5. Color or race Cau 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude V. Craig. 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March 1 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	22	9	5	hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business Same

12. Name N.A. Fairbanks 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Claude V. Craig

(b) Address Clive Iowa.

17. (a) Removal (b) Date thereof 12.6.1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravette Ark.

18. (a) Signature of funeral director R. G. Paggart

(b) Address King City Mo.

19. (a) 12-9-47 (b) Beas Holt
(Date received local registrar) (Registrar's signature) 1270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
 year 1947 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov 27
1947 to Dec 6 1947;
 that I last saw her alive on Dec 6 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death:
acute myocardial infarction
myocardial infarction
 Duration 2

Due to _____
 Due to _____
 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) _____
 (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 _____

23. Signature B. F. Pylant (M. D. or other) M.D.
 Address _____ Date signed 12/7/47

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

OCT 19 1954

DISTRICT HEALTH OFFICE
Canton, Mo.

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 *R. G. Taggart*.....

Licensed Embalmer No. 2563.....

P. O. Address King City 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.