

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 21 1948
Registration District No. 160

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23364
Registrar's No. 48

Primary Registration District No. 12150

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Pevely
(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 ✓
In this community 88 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME

Ina Craft

3. (b) If veteran, ✓
name war

3. (c) Social Security No. ✓

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

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

7. Birth date of deceased May 24, 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months — Days 14 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business own home

12. Name Noah Wise

13. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Burgess

15. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant G Monte Craft
(b) Address Pevely, Mo.

17. (a) Burial (b) Date thereof June 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pevely, Mo.

18. (a) Signature of funeral director Gentry Galitte
(b) Address Crystal City, Mo.

19. (a) Jan 1948 (b) Chris Balloull
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson ⁵⁰
(c) City or town Pevely ³
(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 June day 8
year 1948 hour 2 minute 45 AM

21. I hereby certify that I attended the deceased from May 2
1948, to June 8, 1948;
that I last saw EX alive on June 7, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 18 days
Due to Partial paralysis right side & urinary coma 8 days
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: None ³⁰
Of operations None
Of autopsy None

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 D. E. Egan (M. D. or other MD)
Address Neerupharum, Mo. Date signed 6/10/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 20 1948

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 *Gentry R. Palitt*
Licensed Embalmer No. *3481*
P. O. Address *Crystal City*

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.