

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39524**

FILED DEC 29 1948

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **401**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU.	
c. LENGTH OF STAY (In this place) 2 YEARS		d. STREET ADDRESS (If rural, give location) 315 No. ELLIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS			

3. NAME OF DECEASED (Type or Print) MARJORIE HOLLADY CRAIG.			4. DATE OF DEATH 12-22-1948		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-3-1898	9. AGE (In years last birthday) 50	10. MONTHS 2	11. YEARS 19	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK KEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL		11. BIRTHPLACE (State or foreign country) GOBDEN, ILL. 199		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME CHARLES V. HOLLADY	13b. MOTHER'S MAIDEN NAME MARY B. MESLER	14. NAME OF HUSBAND OR WIFE FRED. M. CRAIG.
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 498-09-9430	17. INFORMANT'S SIGNATURE OR NAME FRED. M. CRAIG.	ADDRESS CAPE GIRARDEAU, MO.
---	--	--	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 50	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 9-23-46	19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1 Sep 1946**, to **22 Dec 1948**, that I last saw the deceased alive on **22 Dec 1948**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Cape Girardeau, Mo	23c. DATE SIGNED 22 Dec 48
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 24-48	24c. NAME OF CEMETERY OR CREMATORY Goobden	24d. LOCATION (City, town, or county) (State) Goobden Ill. D
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 12-24-48	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Walthers Funeral Home Cape Gir. Mo.	ADDRESS
--	--	---	---------

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

16
4

RECEIVED

Death Record Officer No. 4

1948 Number 1248-1608

Date Filed 12-28-48

JAN 3 - 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Virgil H. Welch.....

Licensed Embalmer No. 4102.....

P. O. Address Cape Girardeau - 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.