

No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 5 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40657
Registrar's No. 147

Registration District No. 282

Primary Registration District No. 5655

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days
In this community 31 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster 112
(c) City or town Fordland
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Arthur Criger
3. (b) If veteran, name war No 3. (c) Social Security No. 0

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 9, 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16
If less than one day hr. min.

9. Birthplace Fordland, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Stock & Grain

12. Name James Criger

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

14. Maiden name Hettie

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

16. (a) Informant Hospital record, given by
(b) Address deceased prior to admission

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec-26-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Fordland Mo

18. (a) Signature of funeral director Geo B. ...
(b) Address Mount Vernon Mo

19. (a) 12-28-48 (Date received local registrar) (b) Spil Handricks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25,
year 1948 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from November 24, 1948, 19 , to Dec. 25, 1948, 19 ;
that I last saw him alive on Dec. 24, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the lung Duration 1 year

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 472

Of autopsy Extensive cancer involving left lung & pleura:

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 J. L. ... (M. D. or other) M.D.
Address Mount Vernon, Missouri Date signed 12-25-48

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

RECEIVED

District Health Officer No. 6,

District File Number 1248-1407

Date Filed 12-31-48

APR 26 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo. B. Owen

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.