

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33793

State File No. \_\_\_\_\_  
 Registrar's No. 4293

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4293</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1</u> <u>30 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		106 48 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>236 EAST BRUSH CREEK BLVD</u>				d. STREET ADDRESS (If rural, give location) <u>236 EAST BRUSH CREEK BLVD</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>CARLOS</u> c. (Last) <u>CRAIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-6-1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG-14-1879</u>		
9. AGE (In years last birthday) <u>70 YEARS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EMPLOYEE-BOARD #49</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELECTIVE SERVICE</u>		11. BIRTHPLACE (State or foreign country) <u>LINNEUS MISSOURI</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN HENRY CRAIG</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HANNAH WATERS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. JUDITH INGRAM CRAIG</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-14-8948</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. JUDITH INGRAM CRAIG</u> ADDRESS <u>236 E. BRUSH CREEK KANSAS CITY MO</u>				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner 4201</u>	
19c. 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.)		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:50 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. E. Upsher</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>2800 Main</u>			23c. DATE SIGNED <u>10/6/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>10-8-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. N. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>				

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

NOV 4 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *R. J. Noflinger*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3938*

P. O. Address *Kansas 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.