

S. No. 2
M-9-4-41
v. 5-17-39
X-29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1942

State File No. **88238**

Registration District No. **325**

Primary Registration District No. **4478**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Rural Lancaster, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. Lancaster, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Craig

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Am. 6. (a) Single (b) Married

6. (b) Name of husband or wife Marion Craig 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 02 27 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Chris Weitzel

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

14. Maiden name Yankow

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

16. (a) Informant Pearl Craig

(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof 11 30 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Maries Cemetery

18. (a) Signature of funeral director P. O. Fenton

(b) Address Lancaster, Mo.

19. (a) 11/30/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1942 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 1 1942 to Nov 27 1942

that I last saw her alive on Nov 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations 1316

Of autopsy _____

Duration _____

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)

Means of injury _____

23. Signature R. E. Vaughn (M. D. or other) D.O.

Address Lancaster, Mo. Date signed Nov. 29, 1942

(Licensed Embalmer's Statement on Reverse Side)

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

98
00

98
00

1278

RECEIVED

District Health Officer No. 10

District File Number _____

Date Filed _____

RECEIVED

District Health Officer No. 10

District File Number 12-42-304

DEC - 3 1942

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, only _____

R. O. Fenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed _____

R. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.