S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38940

Registration District No. 375

Primary Registration District No. 6095

Registrar's No. 48

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

1. **PLACE OF DEATH:**
(a) County St Louis
(b) City or town Rural Fabius
(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) 1
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Schuyler
(c) City or town Rural Fabius
(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 Marion Craig
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
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 Oct (Month) 19 (Day) 1872 (Year)

8. AGE: Years 72 | Months 0 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Schuyler (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. FATHER Name David Thomas Craig
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mary Ann Whipple
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant James Craig
(b) Address Lancaster, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 9 (Day) 44 (Year)
(c) Place: burial or cremation Germania Cemetery
18. (a) Signature of funeral director Cyrell O. Fenton
(b) Address Lancaster Mo.
19. (a) Nov. 11, 1944 (Date received local registrar) (b) A. A. Justice (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 7
year 44 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 3 1943, to Nov 7, 1944
that I last saw him alive on Oct 20, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis with partial occlusion	2 yr
Due to Arteriosclerosis	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Elmer A. Larson (M. D. or other) MD
Address Centerville Iowa Date signed Nov 10

127 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-44-1525
Date Filed DEC 5 1944

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~~ .....
Purcell O. Fenton, Registered Apprentice No. 3705,
working under my personal supervision.

Signed Purcell 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.