

FILLED NOV 14 1941

Registration District No. 273

Primary Registration District No. 4464

Registrar's No. 152

1. PLACE OF DEATH

(a) County St. Francois Co. Mo.  
(b) City or town Farmington Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: East Columbia Str.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Twenty five years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Matha Isobel Craig

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Kelly Craig

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 21 hr. \_\_\_\_\_ min. If less than one day

9. Birthplace Wernon Mo. Ste Genevieve Co (City, town, or county) (State or foreign country)

10. Usual occupation Home maker

11. Industry or business \_\_\_\_\_

12. Name Jackson B. McDaniel

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

14. Maiden name Candace Smith

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

16. (a) Informant James Arthur Craig

(b) Address 3969 McPherson St. St. Louis 41

17. (a) Burial (b) Date thereof Nov 1 41 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Farmington Mo. Co

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Farmington

19. (a) Oct-30-41 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Farmington (If outside city or town limits, write "RURAL")  
(d) Street No. East Columbia Str. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 (29) year 1941 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Oct. 20, 1941 to Oct. 29, 1941; that I last saw her alive on Oct. 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

Due to Hypertensive Cardiovascular disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94a

Of autopsy \_\_\_\_\_

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? 0

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

23. Signature B. J. Robinson (M. D. or other) 9 M.D.

Address Farmington Mo. Date signed 0-30-41

(Licensed Embalmer's Statement on Reverse Side)

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

4441

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**