

REC'D APR 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11449
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township Chillicothe Primary Registration District No. 3026
 (c) City Chillicothe (d) Street No. 814 Woodward St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Price Cravens

(a) Residence, No. 814 Woodward St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1939 to Mar 3 1939
 I last saw her alive on Mar 3 1939. Death is said to have occurred on the date stated above, at 10:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset Mar 24 39
121
 Other contributory causes of importance:
arteriosclerosis + ch. enlarged nephros yrs ago
 Name of operation _____ Date of _____
 What test confirmed diagnosis? symptoms Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Embrace M. D.
Chillicothe Mo (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County Missouri
 FATHER 13. NAME Thomas J. Cravens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Missouri
 MOTHER 15. MAIDEN NAME Sarah A Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County Missouri
 17. INFORMANT George Cravens
 (ADDRESS) 1410 McVey Chillicothe, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Springhill DATE 3-5 1939
 19. FUNERAL DIRECTOR (NAME) Frank B. Norman
 (ADDRESS) Chillicothe, Missouri
 20. FILED 3-6-39 Donald M. Dowell, M.D. (Address) _____
 Local Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1/2

1 X 1422

RECEIVED

District Health Officer No. 744

District File Number 39-214

Date Filed ~~APR 6 1939~~

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,

Elton F. Norman

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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, above space should be left blank.