No. 2
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41923

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1370

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

1. PLACE OF DEATH: 2
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1408 North 22nd. Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1403 North 22nd. Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lucy Price Craven,
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife D. Franklin Craven
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 25th. 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Alexandria, Virginia, 1
(City, town, or county) (State or foreign country)
10. Usual occupation At Home, 1
11. Industry or business
FATHER
12. Name William Bywater, 0
13. Birthplace Unknown, Virginia,
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Stark,
15. Birthplace Platte County, Missouri,
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dona Bledsoe
(b) Address 1403 North 22nd. Street,
17. (a) Burial (b) Date thereof Dec 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Mem. Park Cem.
18. (a) Signature of funeral director Heston-Bergold Bowman Funeral Home
(b) Address 319 So. 10th. Street,
19. (a) Dec 30-1940 (b) H. J. Nettebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th.
year 1940 hour 8:00 minute a. M.
21. I hereby certify that I attended the deceased from Nov, 1940, to Dec 27, 1940
that I last saw her alive on Dec 27, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Bronchial	48 hrs
Due to Influenza	72 hrs
Due to Myocarditis Chronic	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

93 C

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?
85 (Specify type of place)
While at work (e) Means of injury
23. Signature J. M. Allaman (M. D. or other) 1
Address Central Bldg ST. JOSEPH Date signed 12-28-40

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.