No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14796

Registration District No. 400 Primary Registration District No. 5553 B Registrar's No. 76

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

8
0
0

1. PLACE OF DEATH:
(a) County Jackson Mo
(b) ~~City or town~~ Prairie - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 da (Specify whether
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Lees Summit Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Iva M. Cravens
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bryan W. Cravens
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased 7 (Month) 14 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	2	hr. min.

9. Birthplace Clay County (City, town, or county) 0 Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Richard Brandy
13. Birthplace Unknown (City, town, or county) 1 Va. (State or foreign country)
MOTHER
14. Maiden name Mary Williams
15. Birthplace Unknown (City, town, or county) 1 Va. (State or foreign country)
16. (a) Informant Bryan W. Cravens
(b) Address Lees Summit Rt-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pisgah Cemetery
18. (a) Signature of funeral director Fields Funeral Home
(b) Address Lees Summit Mo.
19. (a) 4-17-41 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1941 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from 4-12 1941 to 4-16 1941
that I last saw her alive on 4-13- 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis with acute attack on 4-12-41	
Due to	
Due to 93	
Other conditions Hypertension (Include pregnancy within 6 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? 93 (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address Lees Summit Date signed 4-17-41

(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.....P. L. Fields.....

Licensed Embalmer No.....2957.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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