

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

28201

Registration District No. 281

Primary Registration District No. 5400

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1 years, months or days

3. (a) PRINT FULL NAME Cyrus Lee Crafts

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Rader Crafts 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 14 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Thompson Center, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Elliott Winship Crafts

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

14. Maiden name Ruthalla Kearns
(City, town, or county) (State or foreign country)

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

16. (a) Informant C. G. Crafts

(b) Address 111. Ave. 7000

17. (a) Burial (b) Date thereof 5-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt/ Tabor

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 8-11 1941 (b) Alva K White
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 034
(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Failure

Due to Wen

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 DMO

23. Signature M. C. Gentry (M.D. or other)

Address Ava Mo Date signed 5-13-41

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

S. M. C. Gentry

RECEIVED

District Health Officer No. 6,

District File Number 941-1411

Date Filed SEP 4 1941

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.....

W. B. Hutchinson

Licensed Embalmer No.....

3431

P. O. Address.....

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

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