

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 7

1. PLACE OF DEATH: Howard,
 (a) County Fayette, Ind.
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Andrew Cravens,
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Rosie Cravens, 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased November 6th 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>14</u>	<u>0</u> hr. _____ min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country)
At home

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER
 12. Name Johnson Cravens,
 13. Birthplace Kentucky, (City, town, or county) (State or foreign country)
 14. Maiden name Annie Adams,
 15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Rosie Cravens,
 (b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 1-23rd 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley,
 (b) Address Fayette, Mo.

19. (a) 2-4-42 (b) Anna C. Marshall
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard, 45
 (c) City or town Fayette, mo. (If outside city or town limits, write "RURAL") 1
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
 year 1942 hour 10:00 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Jan 15 to Jan 19, 1942
 that I last saw him alive on Jan 19, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention
 Due to Bright's disease (Ch) 2 years
 Due to _____
 Other conditions 1316
 (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?
 While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature W. Bloom (M. D. or other) 11-8
 Address Fayette, Mo Date signed 2-4-42

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed

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.....

Guy T. Hickey

Licensed Embalmer No. *2966*

P. O. Address *Fayette 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, fact should be so stated above.