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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26851

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 248

16
1
4

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

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Frances Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME John Cravens

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced. married

(b) Name of husband or wife. Leafy Viri Cravens 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased. Aug 8 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 14 Days _____ If less than one day hr. _____ min. _____

9. Birthplace. Henderson Co., Ky. (City, town, or county) (State or foreign country)

10. Usual occupation. Street Commissioner

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Cravens

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

14. Maiden name Anna Baber

15. Birthplace New Orleans La. (City, town, or county) (State or foreign country)

16. (a) Informant John H Cravens

(b) Address Salhoun Mo

17. (a) burial (b) Date thereof Aug 24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park cem.

18. (a) Signature of funeral director. Dusplinghoff Hubbert

(b) Address Chaffee Mo

19. (a) 8-25-42 (b) J. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town. Chaffee
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 21
1942 to Aug 22, 1942
that I last saw him alive on Aug 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Chest and abdominal crushing injuries Duration 23 hours

Due to Wagon falling on chest

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: 170°C

Of operations. 76

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). Accident

(b) Date of occurrence Aug 21 1942 100

(c) Where did injury occur? Chaffee Scott mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway No 55

While at work? yes (Specify type of place) Auto Collision
(e) Means of injury _____

23. Signature W. O. Fine (M. D. or other) _____
Address 1017 Chaffee mo Date signed 8/24/42

AUG 31 1942

RECEIVED

District Health Officer No. 4

District File Number 842-1092

Date Filed 8-27-42

OCT 7 - 1942

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.