S. No. 2
M—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3623

State File No.

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saline County Home 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)

In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall (If outside city or town limits, write "RURAL") 0

(d) Street No. Saline County Home (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JAMES S. CRAVENS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Don't Know (Month) (Day) (Year)

8. AGE: Years 72 Months ✓ Days ✓ If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business ✓

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Saline County Home Records

(b) Address Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Mo

18. (a) Signature of funeral director Campbell Rennie

(b) Address Marshall Mo

19. (a) 2-2-43 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1943 hour 7 minute A M.

21. I hereby certify that I attended the deceased from July 1 - 1942 Jan 27 1943, to 19 ; that I last saw him alive on Jan 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma gastric — Duration ?

Due to

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

23. Signature [signature] (M. D. or other)

Address Marshall Date signed 2/1/43

1245

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 2-9-43

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, ~~who~~ by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.