S. No. 2
M—5-42
5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5094

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1017

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 51 minutes (Specify whether
In this community 51 minutes years, months or days)

2. USUAL RESIDENCE OF DECEASED: 89

(a) State Missouri (b) County Ray 1

(c) City or town Camden 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 1

3. (a) PRINT FULL NAME Ervin Douglas Cravens

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race White

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 January (Month) 9 (Day) 1943 (Year)

8. AGE: Years | Months 1 | Days ~~40~~ 18 | If less than one day hr. min.

9. Birthplace Camden (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Roger Cravens
13. Birthplace Camden (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Minnie Malinda Black
15. Birthplace ? (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Minnie Malinda Cravens
(b) Address Camden Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2 (Month) 27 (Day) 43 (Year)
(c) Place: burial or cremation Camden, Mo

18. (a) Signature of funeral director Wm. A. Lohmeyer
(b) Address City Mortician

19. (a) 2/27/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1943 hour 2 minute 11 P.M.

21. I hereby certify that I attended the deceased from 1:20 pm - Feb 27, 1943, to 2:11 pm, Feb 27, 1943 that I last saw him alive on Feb 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Autopsy

Due to Rogers Heart - patent intraventricular septum patent foramen ovale

Due to Hydropericardium Hydroperitoneum

Other conditions Atelectasis 157E
(Include pregnancy within 3 months of death)

Acute Congestion

Major findings:
Of operations the viscera

Of autopsy

Duration

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 J H Haskins (M. D. ~~or other~~)

Address Mercy Hospital Date signed 2-27-43

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.