

FILED DEC 13 1943  
Registration District No. **77**

Primary Registration District No. **3035**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **154 Highland**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Yamouton City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **154 Highland** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CORNELIA E CRAFTON**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **24th**  
year **1943** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Nov 17 1943**  
19\_\_\_\_ to **Nov 23 1943**  
that I last saw her alive on **Nov 23 1943**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **2** **widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 1 1857**  
(Month) (Day) (Year)

Immediate cause of death: **Acute exacerbation of chronic myocardial Cardiac & Renal failure**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **131a**

8. AGE: Years **86** Months **7** Days **23**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Livingston Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **Henry Curran**

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

14. Maiden name **Hanny Woods**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Claude Nicklen**

(b) Address **Livingston Mo.**

17. (a) (Burial, cremation, or removal) **Bonners Springs Kan.** (b) Date thereof **Nov 26 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Walter Miller**

(b) Address **Livingston Mo.**

19. (a) **Dec - 1 - 43** (b) **Mrs. Fred Schwaab**  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature **P. J. Taylor** (M. D. or other) **MD**  
Address **Mo.** Date signed **11/24/43**

NO. 8,

12-10-43

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**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.....

*Geo. A. McLean*

Licensed Embalmer No. ....

2983

P. O. Address.....

*Wilmington, 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.**