

FILED FEB 14 1944

State File No.

Registration District No. 120

Primary Registration District No. 5445

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lentz
(b) City or town Rural - Boggs town
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 5 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lentz
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? no
If yes, name country 0

3. (a) PRINT FULL NAME RETHA MYRLE CRAVEN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Boyd Craven 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased 7 1926
(Month) (Day) (Year)

8. AGE: Years 17 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name James Findley
13. Birthplace Lentz Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Fula Smith
15. Birthplace Lentz Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Boyd Craven
(b) Address Albany Mo
17. (a) Burial (b) Date thereof Jan 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetery
18. (a) Signature of funeral director Craven Bros
(b) Address Denver Mo
19. (a) 1/27/1944 (b) James H. Hubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dec 31 1943 to Jan 10 1944
that I last saw her alive on Jan 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myo. Dilatation of heart
Due to Right lung abscess
Due to lobar pneumonia

Duration

10 days
9 days

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 108
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 ?
23. Signature C. J. Pray (M. D. or other) ?
Address Albany, Mo Date signed 1-20-44

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

MOTHER FATHER

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..... *J. P. Brown*.....

Licensed Embalmer No. *2947*.....

P. O. Address..... *Dexter, 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.