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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 166

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 706 S. Jefferson Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. 706 S. Madison Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ora Craker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife L.F. Craker

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 27 (Day) 1878 (Year)

8. AGE: Years 65 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Cline
13. Birthplace Lawrence County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Morris
15. Birthplace ? (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mr L.F. Craker
(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo

19. (a) Burial (Date received from registrar) (b) Ernice Greene by Ames (Registrar's signature)

12 26 43

1156

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 9, 1943 to Dec 24, 1943 that I last saw her alive on Dec 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis with Decompensation	12/1/43
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations None
Of autopsy None

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 Kenneth L. Kelsey (M. D. or other) M.D.

Address Aurora, Mo Date signed 12/26/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D... Office No. 6
Distr... 144-36
Date Filed 1-11-44

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.