

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 8 1944
Registration District No. 12296

Primary Registration District No. 4444

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Cambden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ray 89
(c) City or town Cambden 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph M. Craven

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

4. Sex male 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. Feb. 11 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>—</u>	<u>2</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Roger T. Craven
 { 13. Birthplace Cambden MO
 { (City, town, or county) (State or foreign country)
 { 14. Maiden name Marion Black
 { 15. Birthplace Mena Arkansas
 { (City, town, or county) (State or foreign country)

16. (a) Informant Roger T. Craven

(b) Address Cambden MO

17. (a) Burial (b) Date thereof May 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Copper Cemetery

18. (a) Signature of funeral director Thurman

(b) Address Richmond

19. (a) June 10/44 (b) D. S. F. Simmons
(If he received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944, hour 4 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to measles

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence May 22, 1944

(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 Dr. J. F. Baber 3 Coroner

Address Richmond MO Date signed 5-23-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
No. 9
Date Filed 7-5-44

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.....*E. H. H. H.*.....
Licensed Embalmer No. 2073.....
P. O. Address Richmond 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.