DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26009

FILED AUG 11 1944

Registration District No. 374 Primary Registration District No. 6293 Registrar's No.

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Grant City Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Worth
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Grant City Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Lee Craven
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alta Jones Craven 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November (Month) 15 (Day) 1880 (Year)

8. AGE: Years 63 | Months 7 | Days 8 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business "

MOTHER
12. Name Richard Wahington Craven
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

FATHER
14. Maiden name Sarah Elizabeth Tyedell
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Alta Craven
(b) Address Grant City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetary

18. (a) Signature of funeral director John Andrews Jr
(b) Address Grant City Mo.

19. (a) July 5 - 44 (Date received local registrar) (b) Adams Sexton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1944 hour minute M.

21. I hereby certify that I attended the deceased from June 15, 1944, to June 23, 1944, that I last saw h alive on June 23, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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) No
(b) Date of occurrence No
Where did injury occur? (City or town) (County) (State) No
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) No
While at work (e) Means of injury

23. Signature John Andrews MD (M. D. or other)
Address Grant City Mo. Date signed June 25-44

11-4 (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.....

John Andrews Jr., Registered Apprentice No.....

working under my personal supervision.

Signed..... John Andrews Jr.

Licensed Embalmer No. 4211

P. O. Address Grant City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 374 Primary Registration District No. 6273 Registrar's No. 0

1. PLACE OF DEATH:

(a) County Worth

(b) City or town Rural Fletchell Twp
(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)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME John S. Craven

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 15 (Day) 18 (Year) 82

8. AGE: Years 63 | Months 7 | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name

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

MOTHER
14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 3

year 1944 hour minute M.

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

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer — Duration

Due to Abdominal

Due to Primary Colostomy Cancer

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations H&C

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?
(Specify type of place)

While at work (c) Means of injury

23. Signature John [illegible] (M.D. or other)

Address Kansas City Mo Date signed

SUPPLEMENTARY

26009