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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 120

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6094

State File No.

Primary Registration District No. 5444

Registrar's No. 12

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

8000

1. PLACE OF DEATH:

(a) County: Gentry

(b) City or town: ~~Albany~~ Rural Athens 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 years, months or days)

In this community: Two years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gentry

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

(d) Street No. Six miles East of Albany
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: JOHN BOLDOCK CRAVENS

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: W

6. (b) Name of husband or wife: Sara Jane Cravens Deceased

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

7. Birth date of deceased: June (Month) 3 (Day) 1850 (Year)

8. AGE: Years 94 Months 5 Days 21 If less than one day hr. min.

9. Birthplace: Kacie County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Retired

FATHER
12. Name: Jerry Russel Cravens
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Matilda Boldock
15. Birthplace: (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Josie Everley
(b) Address: Albany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Albany Cemetery

18. (a) Signature of funeral director: W G Noble
(b) Address: Newtonopton Mo

19. (a) Feby 2-1945 (Date received local registrar) (b) Homer M. Mintz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1945 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1945 to Jan 24 1945 that I last saw him alive on Jan 18 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Due to: Chronic Encephalitis

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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: J M Barger (M.D. or other)

Address: Albany Mo Date signed 2-1-45

1108

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.