S. No. 2
M—5-42
75M 7-39
Form X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28109

Registration District No. 254 Primary Registration District No. 4390 Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Osage
(b) City or town: Meta (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (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 83 years

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

3. (a) PRINT FULL NAME: Dida Caroline Crafton
3. (b) If veteran, name war ____
3. (c) Social Security No. NONE
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: R. T. Crafton
6. (c) Age of husband or wife if alive: No years (deceased)
7. Birth date of deceased: June (Month) 3 (Day) 1862 (Year)
8. AGE: Years 83 Months 2 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace: Elston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business ____
MOTHER FATHER
12. Name: John Steward
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Mary Wright
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Minnie Rakes
(b) Address: Meta, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: burial Meta, Mo
18. (a) Signature of funeral director: H H Stop
(b) Address: Meta Mo
19. (a) 8/17/45 (Date received local registrar) (b) Rae Rowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 13 day — year 1945 hour 6/10 minute a M.
21. I hereby certify that I attended the deceased from May 15 1945 to Aug 13 1945 that I last saw her alive on Aug 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	
Due to: Arteriosclerosis	
Diabetes — Insufficiency	
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) —
(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: Harry G. Greenberg (M. D. or other)
Address: Meta, Mo Date signed Aug 14/45

574 (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 .....

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

working under my personal supervision.

Signed H H Stiop

Licensed Embalmer No. 2924

P. O. Address Meta 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.