

FILED FEB 11 1946
42

Registration District No. _____ Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1313 North 10th /
(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 60 years

3. (a) PRINT FULL NAME Mary Ida Craven
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female **5. Color or race** white **6. (e) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Garrett Craven **6. (c) Age of husband or wife if alive** 73 years
7. Birth date of deceased May 1973
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 17
 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____
12. Name Jacob Merchant
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nina Elizabeth Craig
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Craven
(b) Address St. Joseph, Mo.

17. (a) burial **(b) Date thereof** 1/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter B. Cole & Bowman
(b) Address St. Joseph, Mo.

19. (a) Jan. 30, 1946 **(b)** _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph //
(If outside city or town limits, write "RURAL")
 (d) Street No. 1024 Main //
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
 year 1946 hour 6 minute 45P M.

21. I hereby certify that I attended the deceased from Jan 21 1946 to Jan 27 1946
 and that I last saw her alive on Jan 27 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Hypertension & auge
 Due to _____
 Due to _____

Duration 10 days

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 Louis Beckwith (M. D. or other) _____
Address King Hill Bldg. **Date signed** 1/31/46

Dr. Irwin Beck
Kings Hill Bldg.

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 27 Jan 46
....., Registered Apprentice No. ✓
working under my personal supervision.

Signed Harold Bowman.
Licensed Embalmer No. 3619
P. O. Address St. Joseph, 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.