

S. No. 2
M-2-43
5-17-39
P1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16611

State File No. _____

FILED MAY 20 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2051

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3942 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John C. CRAVENS

(b) If veteran, name war no

(c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

(b) Name of husband or wife Mrs. Bridget A. Cravens 6. (c) Age of husband or wife if alive year

7. Birth date of deceased December 14 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 19 hr. min.

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

10. Usual occupation Railroad conductor

11. Industry or business Retired

12. Name John Cravens

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

14. Maiden name Unknown

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

16. (a) Informant Frank J. Cravens

(b) Address 5101 Paseo, K. C., Mo.

17. (a) Burial (b) Date thereof 5-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary, Leavenworth, Mo.

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address 1800 E. Linwood Blvd.

19. (a) 5-5-46 (b) Heraldine Holms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from May 1-46 to May 3-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Complications of Stomach

Due to _____

Due to _____

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

Major findings: 466
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 _____

(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 Edw. J. ... (M. D. or other)

Address 3850 Prospect Date signed 5/15/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15493

3450 Prospect - Apt. 6110
Honor. Ki 0215
3 PM at office

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 Blair E. Beck

Licensed Embalmer No. 4063

P. O. Address K.C. 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.