S. No. 2
M—8-13
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34188

State File No.

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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: 66
(a) State Mo. (b) County Miller
(c) City or town Eldon 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Henry Craver
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sylvia Craver
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 2 (Day) 1880 (Year)

8. AGE: Years 66 Months 8 Days 12 If less than one day hr. min.

9. Birthplace W. Salem (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Railway Conductor
11. Industry or business
FATHER
12. Name Geo. Albert Craver
13. Birthplace W. Salem (City, town, or county) Ill. 1 (State or foreign country)
MOTHER
14. Maiden name Olevia Kegley
15. Birthplace (City, town, or county) Penn. (State or foreign country)
16. (a) Informant Mrs Sylvia Craver
(b) Address Eldon, Mo.
17. (a) W. Salem Ill. (Burial, cremation, or removal) (b) Date thereof 10-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation W. Salem, Ill.
18. (a) Signature of funeral director L. D. Phillips
(b) Address Eldon, Mo.
19. (a) Oct. 15. 46 (Date received local registrar) (b) Averitta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1946 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Oct 14, 1946 to Oct 14, 1946 that I last saw him alive on Oct 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arteriosclerosis coronary arteries
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 94A

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 0
23. Signature E O Shelton (M. D. or other) MHS
Address Eldon Mo Date signed Oct 14 46

192

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-31-46
NOV 22 1946
JAN 10 1947

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 Lewis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Lewis D. Phillips

Licensed Embalmer No. 3669

P. O. Address Cedar

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.