FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3987

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 187

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: St. Joseph's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: life

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.: 2806 Doniphan Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT MICHAEL CRAFTON
3. (b) If veteran, name war: None
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 3, (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	11	3	hr. min.

9. Birthplace: St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business: none

MOTHER FATHER
12. Name: James H. Crafton
13. Birthplace: Watson, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Elsie Moore
15. Birthplace: St. Joseph, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. James H. Crafton
(b) Address: 2806 Doniphan Ave., City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman Wm. Siedenfaden
(b) Address: 1802 Union St., City
19. (a) 2-16-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1948 hour 5:20 minute A M.
21. I hereby certify that I attended the deceased from 2/5/48, 19..., to 2/5/48, 19...; that I last saw him alive on 2/5/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Laryngo tracheo bronchitis	1 day
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 106	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: H. E. Petersen (M. D.)
Address: St. Joseph, Mo. Date signed: 2/12/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Robert L Yapla

Licensed Embalmer No. 3308

P. O. Address St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.