No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 26 1948

Registration District No. 728

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Lemmon Sr.

State File No. 19144

Registrar's No. 507

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1353 S. Fremont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1353 S. Fremont 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Daisy White Cravens
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert O. Cravens
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 26 (Day) 1871 (Year)

8. AGE: Years 76 Months 6 Days 22 If less than one day hr. min.
9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John R. White
13. Birthplace unknown (City, town, or county) Rhode Island (State or foreign country)
MOTHER
14. Maiden name Stephens
15. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Robert O. Cravens
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-19-48 (Date received local registrar) (b) N E Hardey MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1948 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from 1944
, 19 , to 6/18/48 , 19 ;
that I last saw her alive on 6/11/48 , 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral arterio-sclerosis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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 J. B. Lemmon, Dr. (M. D. or other) M.D.
Address Springfield, Mo. Date signed 6/19/48

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

FEB 25 1959

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 James B Gaughen Registered Apprentice No. 466 working under my personal supervision.

Signed Roy H. Mercer Jr.

Licensed Embalmer No. 432

P. O. Address Springfield, 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.