

FILED JUL 27 1948

Registration District No. **273**

Primary Registration District No. **3047**

Registrar's No. **59**

1. PLACE OF DEATH:
(a) County **NEWTON**
(b) City or town **NEOSHO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **SALE MEMORIAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 YEAR** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **NEWTON**
(c) City or town **GRANBY**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LUCY CATHERINE CRATON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ROY E. CRATON** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **AUG 4 1887**
(Month) (Day) (Year)

8. AGE: Years **60** Months **11** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **NEWTONIA MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **SCHOOL TEACHER**

11. Industry or business _____

12. Name **PATRICK NORMILE**

13. Birthplace **UNKNOWN IOWA**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **ROY E. CRATON**

(b) Address **GRANBY, MISSOURI**

17. (a) **Burial** (b) Date thereof **7-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. CEMETERY - NEWTONIA, Mo.**

18. (a) Signature of funeral director **CLARK-BIGHAM MORTUARY**
(b) Address **200 E. SPRING ST. - NEOSHO, Mo.**

19. (a) **July 13, 1948** (b) **Melvin C. Boneman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5** year **1948** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **June 15** to **July 5**, 19**48**
that I last saw her alive on **July 5**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolus of Coronary vessels**

Due to **acute cholecystitis**

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

Duration **just beyond**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 **Melvin C. Boneman** (M. D. or other) **MD**
Address **Granby, Mo** Date signed **July 13, 1948**

MOTHER FATHER

DATE FILED *July 26, 1948*
DISTRICT FILE NUMBER *748.344*
DISTRICT HEALTH OFFICER *Horton County, Mo.*

RECEIVED

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 *H. Ly - White*

Licensed Embalmer No. *4240*

P. O. Address *Neosho, Mo.*

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

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