0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1361

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1008 Registrar's No. 427

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 419 W 34th

3476

3. NAME OF DECEASED (Type or Print)
a. (First): Alvis
b. (Middle): WILEY
c. (Last): Cravens

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21 53

5. SEX: male D

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Oct 24 1862

9. AGE (In years last birthday): 90
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired—Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel

11. BIRTHPLACE (City and State or Foreign Country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: NO RECORD

13b. MOTHER'S MAIDEN NAME: NO RECORD

14. NAME OF HUSBAND OR WIFE: KATIE CRAVENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 487-05-3782

17. INFORMANT'S SIGNATURE OR NAME: Mrs J. E. Hogan
ADDRESS: 419 West 34th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

491X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 19 *19* 53 *to* Jan. 21 *19* 53, *that I last saw the deceased alive on* Jan. 21 *19* 53, *and that death occurred at* 9:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. I. Burns M.D.
(Degree or title)

23b. ADDRESS: 24th & Cherry Sts.

23c. DATE SIGNED: 1/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 24

24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery

24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 1-23-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: Quirk & Tobin
ADDRESS: 20 W Linwood

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] .....

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed Forrest D. Goldsmow

Licensed Embalmer No. 4714

P. O. Address K. C. Missouri

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.