

Registration District No. 401

Primary Registration District No. 5-556

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Lone Jack (Vanburen Twp)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 3 2nd S.E.  
(d) Length of stay: In hospital or institution no (Specify whether \_\_\_\_\_)  
In this community 30 yr. years, months or days

3. (a) PRINT FULL NAME Reba Cravens 1/15

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

4. Sex F 5. Color or race W 6. (a) Single; widowed, married, divorced Married

6. (b) Name of husband or wife J. R. Cravens 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 27 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Strawburg Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Oscar Ravenscraft

13. Birthplace Cass Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Ella C. Henderson

15. Birthplace unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant J. R. Cravens  
(b) Address Lone Jack Mo

17. (a) Burial (b) Date thereof 4-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo  
18. (a) Signature of funeral director N. B. Langford  
(b) Address Lee's Summit Mo  
19. (a) April 27, 1940 (b) Vernie E. Yankee  
(If to received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Lone Jack Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 3 mi S.E.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1940 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from 4-21-40  
\_\_\_\_\_, 19\_\_\_\_, to 4-22, 1940  
that I last saw her alive on 4-23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 363  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Clint T. Miller (M. D. or other) \_\_\_\_\_  
Address Lee's Summit Mo Date signed 4/24/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 W. B. Langford  
-Licensed Embalmer No. 3233  
P. O. Address Leis Summit

**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, above space should be left blank.**