V. S. No. 2
50M—5-42
Rev. 5-17-43
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27287

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3510

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Children's Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether In this community 22 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Hickman Mills, Rural (If outside city or town limits, write "RURAL")

(d) Street No. R.R. #1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Dale Brant Craven

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Chi

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB. (Month) 7 (Day) 1943 (Year)

8. AGE: Years | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace KANSAS CITY, (City, town, or county) MO (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

FATHER
12. Name Morgan Craven
13. Birthplace RAY Co. (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name PANSY SPERRY
15. Birthplace PLATTE Co. (City, town, or county) MO (State or foreign country)

16. (a) Informant MORGAN CRAVEN
(b) Address GRANDVIEW, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 16, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation BELTON, MO

18. (a) Signature of funeral director E.K. GEORGE & SONS
(b) Address BELTON, MO

19. (a) 8-14-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1943 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from July 24 10:30 A.M. 1943, to Aug 14-6:00 A.M. 1943 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem

Due to 1 Congenital absence of bile ducts + gall bladder

Due to 2 Portal cirrhosis of liver

Due to 3 Icterus of all tissues + body fluids

4 Ascites

Other conditions 5 Bronchopneumonia (Include pregnancy within 3 months of death)

6 Submucosal hemorrhage

Major findings: Of operations 7 C-1 tract

Of autopsy 7 Atrepsia 8 Splenomegaly

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) 9 Generalized lymphadenopathy

(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 John H. Gaskin MD (M. D. or other)

Address Mercy Child Hosp Date signed 8-14-43

(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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Richard C. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.