. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1945

Registration District No. 383

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10051

Primary Registration District No. 5755

Registrar's No. 25

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 218 days (Specify whether years, months or days)
In this community: 218 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Chariton 21

(c) City or town: Salisbury 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Glenn Cravens

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: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August (Month) 6 (Day) 1886 (Year)

8. AGE: Years 58 | Months 6 | Days 27 | If less than one day: hr. min.

9. Birthplace: Salisbury (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Attendent

11. Industry or business: State School Marshall, Mo.

MOTHER FATHER

12. Name: John Christopher Cravens

13. Birthplace: Salisbury (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Mattie Elliott

15. Birthplace: Salisbury (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Mo. State San., Mount Vernon, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Mar 7-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Salisbury Mo

18. (a) Signature of funeral director: Geo. B. Fox

(b) Address: Mt Vernon

19. (a) 3-10-45 (Date received local registrar) (b) 3-Woody Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1945 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 1, 1944, to March 7, 1945; that I last saw him alive on March 7, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	Over 6 Yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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):

(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: 0

23. Signature: Charles A. Brashes M.D. (M. D. or other)

Address: Mt Vernon Date signed: 3-7-45

1838 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 445-385
Date Filed APR 2 1945

APR 17 1945

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 Geo. B Ow

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.