

FILED MAY 5 1945
Registration District No. 215

Primary Registration District No. 6012

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chariton Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Chariton Hosp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Samuel F Cravens
3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month April day 18
year 1945 hour 7 minute 45 PM.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Oct 4 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 23, 1945 to Apr 18, 1945
that I last saw him alive on Apr 18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Double bronchial Pneumonia Duration 48 hrs
Due to apoplexy 2 yrs
Due to ✓

8. AGE: Years Months Days If less than one day
74 5 18 hr. min. 0
9. Birthplace Salsbury Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer.

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓
PHYSICIAN 107
Underline the cause to which death should be charged statistically.

11. Industry or business.....
MOTHER FATHER { 12. Name George Cravens.
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)
14. Maiden name Christene Hershey
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)
16. (a) Informant Roy Cravens.
(b) Address Huntsville Mo.
17. (a) Burial (b) Date thereof April 20 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Asbury Cem. Chariton Mo.
18. (a) Signature of funeral director Joe W. Burton
(b) Address Higbee Mo.
19. (a) 5-1-45 (b) Mrs. P. Dwyer
(Date received local registrar) (Registrar's signature)

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?
23. Signature Berry S. Lilly, M.D.
While at work (Specify type of place) (c) Means of injury
Address 203 1/2 N. Calate, Liberty, Mo. 3-20-45

RECEIVED

District Health Officer No. 10

District File Number 5-45-750

Date Filed MAY 4 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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3780

P. O. Address. Boonville, 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.