

FILED NOV 26 1945

Registration District No. **149**

Primary Registration District No. **1002**

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:
1713 E. 19th St 1
(If not in hospital or institution, write street number or location)

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

In this community **about 8 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas city**
(If outside city or town limits, write "RURAL")

(d) Street No. **1713 E. 19th St**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Taylor Cravens (Robert Taylor)**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **495-10-2359**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct-** day **29**
year **1945** hour **3** minute **30-P.** M.

4. Sex **Male**

5. Color or race **Negro**

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 **Dec. 22 - 1904**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Deputy Coroner** _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **External Hemorrhage**

8. AGE: Years **40** Months **10** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Lakesburg ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bank**

Due to **Multiple stab wounds inflicted by one stick (in chest)**

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Same as above**

MOTHER FATHER

11. Industry or business _____

12. Name **Bennie Cravens**

13. Birthplace **Lakesburg ark**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Coulter**

15. Birthplace **Lakesburg ark**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul B. Cravens**

(b) Address **Rt. 1, Box 10, Lakesburg ark**

17. (a) Removal **Removal** (b) Date thereof **11/5/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakesburg, ark**

18. (a) Signature of funeral director **E. Stinking Pills**

(b) Address **1212 Vine St K.C. Mo.**

19. (a) **11-5-45** (b) **Geraldine Holmes**
(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) **Homicide**

(b) Date of occurrence **Oct-29-45**

(c) Where did injury occur? **H.C. Fulton - Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 1713 - E - 19th St

While at work? **no** (Specify type of place) **Repair**
(e) Means of injury **ick post**

23. Signature **H. Williams** (M. D. or other) **Cony**

Address **2436 Yorkley** Date signed _____

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

18
3
8

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

E. Steinhilber

Licensed Embalmer No.

3178

P. O. Address

1212 Vine St.

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.