V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10480

State File No.

Registration District No. 296 Primary Registration District No. 4444 Registrar's No. 12

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

89
0
0

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Camden
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Camden 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME David Craven

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ------

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

7. Birth date of deceased Mar. (Month) 1 (Day) 1946 (Year)

8. AGE: Years -- Months -- Days 1 If less than one day hr. 1 min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Roger Craven
13. Birthplace Camden (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Malinda Black
15. Birthplace Unknown (City, town, or county) Arkansas / (State or foreign country)

16. (a) Informant Roger Craven

(b) Address Camden. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3. 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Craven Cemetery

18. (a) Signature of funeral director C. Thurman

(b) Address Richmond. Mo.

19. (a) 3/5/46 (Date received local registrar) (b) Helen J. Larkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2 year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Mar 2 — 1946 to Mar 2 — 1946 that I last saw him alive on Mar 2 — 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation

Due to —

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 95 cf

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) No

(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 E. C. Gay (M. D. or other) MD

Address Richmond Mo Date signed 3-4-46

272

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number .....
Date Filed 4-9-46

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~~ Not Embalmed ....., Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2073

P. O. Address Richmond. 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.