

S. No. 2
7-12-45
7-5-17-39
9-1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21684
Registrar's No. 2133

Registration District No. 383 Primary Registration District No. 5655

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

1- PLACE OF DEATH:
(a) County Lawrence RURAL
(b) City or town Mt. Vernon T.M.S.
(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 295 days
In this community 295 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 206 So. Mulberry
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosa E. Cravens

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race negro 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 Sept 30th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 18 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Adams
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Myrtle
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Aug 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fayette, Mo

18. (a) Signature of funeral director H. D. Forsett
(b) Address Mt. Vernon, Mo.

19. (a) 8-18-46 (b) OK Melbried
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 17th
year 1946 hour 6:35 minute A M.
21. I hereby certify that I attended the deceased from Oct. 26th, 1945, to Aug. 17th, 1946,
that I last saw her alive on Aug. 17th, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Abt. 2 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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature C. A. Brasler (M.D. or other) _____
Address Mt. Vernon, Mo. Date signed 8-17-46

RECEIVED

District Health Officer No. 6,

District File Number 946-931

Date Filed SEP 5 - 1946

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Max L. Forest*.....

Licensed Embalmer No. *4252*.....

P. O. Address *M. K. K. K. K. K.*.....

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.