

S. No. 2
M-8-43
V. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37328

FILED DEC 9 1946

Registration District No. 150

Primary Registration District No. 5574

Registrar's No. 167

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Rural VanBuren Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Mi. S.E. of Lone Jack
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community... 94 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town... Rural VanBuren Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Mi. S.E. of Lone Jack Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Jane Cravens

3. (b) If veteran, name war... No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Robert F. Cravens 6. (c) Age of husband or wife if alive... *** years

7. Birth date of deceased Dec. 30 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>10</u>	<u>19</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Robert Martin

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

14. Maiden name Sallie Thompson

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

16. (a) Informant James R. Cravens

(b) Address Lone Jack Mo.

17. (a) Burial (b) Date thereof 11/22/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack Mo.

18. (a) Signature of funeral director H. B. Longford

(b) Address Lee's Summit Mo.

19. (a) Nov. 25, 1946 (b) Dorcas C. Sarnshaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1946 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 3/15/1945 to 11/19/1946
that I last saw her alive on 11/19/1946
and that death occurred on the date and hour stated above.

Immediate cause of death... Terminal Pneumonia

Due to Senility

Due to _____

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

Major findings: Of operations 111

Of autopsy _____

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 injury) (c) Means of injury 2

23. Signature John C. Hale (M. D. or other) DO

Address Lone Jack Mo Date signed 10-22

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *N. B. Langford*

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.