

Registration District No. 71

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
112 E. Bluff
(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 66 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 112 E. Bluff
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Thomas Cravens

3. (b) If veteran, name war ####

3. (c) Social Security No. ###

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 8 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>10</u>	<u>17</u>	hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Thomas J. Cravens

13. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Stall

15. Birthplace Woods Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frances Burke

(b) Address 3615 Central-Kansas City Mo

17. (a) Burial (b) Date thereof 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

(e) Signature of funeral director Chas O. Hope

(b) Address Excelsior Springs Mo

19. (a) 8/27/48 (b) Charles O. Hope
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month August day 25
year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from June 15
1948 to August 20 1948;

that I last saw her alive on August 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure associated with arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy an

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)
(e) Means of injury _____

23. Signature SR M. G. ... (M. D. or other) _____

Address Excelsior Springs Mo Date signed 9/1/48

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

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 10-14-48

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 James A. Moles
Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.