

FILED AUG 11 1948

Registration District No. 296

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23929

Registrar's No. 13

Primary Registration District No. 6018

1. PLACE OF DEATH:

(a) County RAY
 (b) City or town RURAL - Fishing River
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6 MILES EAST OF EXCELSIOR SPRINGS
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NEITHER
 (Specify whether)
 In this community LIFETIME
 years, months or days)

3. (a) PRINT FULL NAME BRYAN WARD CRAVEN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARY E. 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased FEBRUARY 23 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 1 hr. min.

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

10. Usual occupation FARMER

11. Industry or business NONE

12. Name WYATT CRAVEN

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

14. Maiden name OLIVIA NOWLIN

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

16. (a) Informant WYATT CRAVEN

(b) Address RURAL, EXCELSIOR SPRINGS, MO

17. (a) BURIAL (b) Date thereof JULY 25, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PISGAH CEMETERY

18. (a) Signature of funeral director CLAUDE PRICHARD

(b) Address EXCELSIOR SPRINGS, MISSOURI

19. (a) 7-29-48 (b) Richard Larkin
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAY
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6 MILES EAST EXCELSIOR SPRINGS
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24
 year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis

Due to _____

Due to _____

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

Major findings:
 Of operations _____

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 place) (e) Means of injury _____

23. Signature W. Barber (City or town) (County) (State)

Address Richmond Mo Date signed 7-25-48

RECEIVED:

District Health Officer No. 8,

District File Number _____

Date Filed 8-10-48

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 _____

Linnell K. Jarman

, Registered Apprentice No. 88

working under my personal supervision.

Signed *Claude Richard*

Licensed Embalmer No. 2751

P. O. Address *Excelsior Springs*

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.