

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

State File No. _____
Registrar's No. 12

Registration District No. 296

Primary Registration District No. 4444

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 (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME David Craven
3. (b) If veteran, name war no
3. (c) Social Security No. no

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

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

21. I hereby certify that I attended the deceased from Mar 2 - 46 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 _____
Duration _____

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar. 1 1946
(Month) (Day) (Year)

Acute Dilatation

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

Due to _____
Due to _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Roger Craven
13. Birthplace Camden Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Black
15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 2/0
(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 _____

16. (a) Informant Roger Craven
(b) Address Camden, Mo.
17. (a) Burial (b) Date thereof Mar. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Craven Cemetery

23. Signature E. E. Fay (M. D. or other) MD
Address Richmond, Mo. Date signed 3-4-46

18. (a) Signature of funeral director [Signature]
(b) Address Richmond, Mo.
19. (a) 3/5/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

89
0
0

MOTHER FATHER

