No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40912

FILED JAN 5 1948

Registration District No. ____ Primary Registration District No. 1000 Registrar's No. 1515

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs 4 mos 4 days (Specify whether years, months or days)
In this community 15 yrs - 4 mos - 4 da

3. (a) PRINT FULL NAME Katie J. Craven
3. (b) If veteran, name war No
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R. E. Craven
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Aug (Month) 22 (Day) 1871 (Year)
8. AGE: Years 76 Months 4 Days 4 If less than one day ____ hr. ____ min.
9. Birthplace — (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation House-wife
11. Industry or business
FATHER
12. Name Benjamin O. Hughes
13. Birthplace — (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Minerva Hubbard
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant R. E. Craven
(b) Address Camden Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Camden, Mo Camden Co.
18. (a) Signature of funeral director Trust-Lile F.H.
(b) Address Richmond, Mo.
19. (a) 12-27-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray
(c) City or town Camden (If outside city or town limits, write "RURAL")
(d) Street No. St Not listed (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1947 hour 12 minute 05 P. M.
21. I hereby certify that I attended the deceased from Jan 1st 1947, to 12-26 1947
that I last saw her alive on 12-26 1947
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hypostatic pneumonia left lung | 3 days |
| Due to arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 0 | |
| 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) No
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address State Hospital #2 St Joseph, Mo. Date signed 12-26-47

(Licensed Embalmer's Statement on Reverse Side)

**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 George [illegible]..........................................

Licensed Embalmer No. 4069..........................................

P. O. Address [illegible], 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.**