

STANDARD CERTIFICATE OF DEATH

State File No.

10-48

BIRTH NO. ... REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Ray b. CITY OR TOWN Vibbard - Fishhook River c. LENGTH OF STAY (in this place) 7 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION ... 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray c. CITY (If outside corporate limits, write RURAL and give township) Vibbard - Fishhook River d. STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED a. (First) JOHN b. (Middle) FRANKLIN c. (Last) CRAVENS 4. DATE OF DEATH (Month) (Day) (Year) Mar 19 1952 5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Aug 10 1871 9. AGE (In years last birthday) 80 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book 11. BIRTH PLACE (State or foreign country) Metz Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Thomas Cravens 13b. MOTHER'S MAIDEN NAME Matilda Ray 14. NAME OF HUSBAND OR WIFE Mrs Hannah Cravens Vibbard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs Hannah Cravens Vibbard ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial stenosis - Pulmonary Edema. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 410X 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. CITY, TOWN, OR TOWNSHIP Vibbard (COUNTY) Ray (STATE) Mo. 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1941, to March 19 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Doctor B. Buehner M.D. 23b. ADDRESS Lawson Mo. 23c. DATE SIGNED Mar 20 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar 21 52 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery 24d. LOCATION (City, town, or county) Lawson Mo.

DATE REC'D BY LOCAL REG. March 21 52 REGISTRAR'S SIGNATURE Helen Liskin 272 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jarman Richard Lawson Mo.

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

APR 21 1952

MS 7211-1982

APR 21 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Ernest K. Jarnon

Licensed Embalmer No. 4589

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.