STATUTION  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  PRIMARY REG. DIST. NO. 608  REG. DIST. NO. 296  REG. DI	ED MAR 25 19	52	THE DIVISION OF HE			9517
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a. STATE Museum b. COUNTY Ray of the County Ray	BIRTH NO		_ REG. DIST. NO. 296	PRIMARY REG. DIST. NO.	00/8 Registrar's No.	
D. CITY (II outside configure limits, write RURAL and give property in the configuration of t		тн	A. Francisco			
OR JUNE OF (IT not is hospital or leastitution, afreshold filters or ignation)  d. FULL RAME OF (IT not is hospital or leastitution, afreshold filters or ignation)  d. FULL RAME OF (IT not is hospital or leastitution, afreshold filters or ignation)  d. FIRST (IT run), give location)  d. STREET (IT run), give location)  d. STREET (IT run), give location)  d. STREET (IT run), give location)  JOAN MEDITATION  DEATH Man 19 1952  S. SEX 0 6. COLOR OR RACE  WILDOWS), DIVORCO (Goodly)  D. MARRIED, D. MARRI	a. COUNTY Ra	<u></u>	,	a. STATE Missau	sic 6. COUNTY R	an of G
C. FULL NAME OF (If soci is hospital or leastifution of Hospital or Hospital or Institution of Hospita	b. CITY (If outcide cor	nate limite, write R	URAL and give   c. LENGTH OF		mits, write RURAL and give town	* O ·
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Type of Print)  S. SEX  D. S. COLOR OR RACE  7. MARRIED, NEVER MARRIED,  MODURED, 100-1000, 100-	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
MIDOUED, DIVERCED (Speedty)  The property of t		John	FTANKLIN	CRAVENS	DEATH MAN	19 1952
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DUSTRY  MATTER'S NAME  13b. MOTHER'S MAIDEN NAME  13b. MOTHER'S MAIDEN NAME  14c. NAME OF NUSBAND OR WIFE  15c. SOCIAL SECURITY  15c	Male	white		)	1 80 7	
Ba. FATHER'S NAME    13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE     15 MAS DECASED EVER IN U. S. ARMED FORCES     16 MAS DECASED EVER IN U. S. ARMED FORCES     16 MAS DECASED EVER IN U. S. ARMED FORCES     17 INFORMANT'S SIGNATURE OR NAME     18 MAS DECASED EVER IN U. S. ARMED FORCES     19 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     11 MAS DECASED EVER IN U. S. ARMED FORCES     12 MAS DECASED EVER IN U. S. ARMED FORCES     13 MAS DECASED EVER IN U. S. ARMED FORCES     14 MAS DECASED EVER IN U. S. ARMED FORCES     15 MAS DECASED EVER IN U. S. ARMED FORCES     16 MAS DECASED EVER IN U. S. ARMED FORCES     17 MAS DECASED EVER IN U. S. ARMED FORCES     18 MAS DECASED EVER IN U. S. ARMED FORCES     19 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES     10 MAS DECASED EVER IN U. S. ARMED FORCES			10b. KIND OF BUSINESS OR IN-	11. BIRTHILACE (State or forel	en country)	12. CITIZEN OF WE
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME  ADDRES  ADDRES  ADDRES  MEDICAL CERTIFICATION  INTERVAL BETWEE  ONE ADDRES  MEDICAL CERTIFICATION  INTERVAL BETWEE  ONES AND DEC  This does not mean  the mode of dring, such  ANTECEDENT CAUSES  Morbid conditions, if any, civing DUE TO (b)  The to the above cause (a) stating  the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIF		<b>A</b>		mets 7	nissaure	
No. 1 If yes, give war or dates of service)  No. 1 Mrs Haunson Granue Ubbard  No. 2 Mrs Haunson Gra	3a. FATHER'S NAME		136. MOTHER'S MAIDEN	NAME 14.	NAME OF HUSBAND OR WIF	E
No. 1 If yes, give war or dates of service)  No. 1 Mrs Haunson Granue Ubbard  No. 2 Mrs Haunson Gra	Um Thom	cas Corone	ena Matelala	Kay M	rs Naunah Can	mans Ustr
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Inter only one cause per ne for (a), (b), and (c)  *This does not man to the destance of dying, such a heart failure, asthenia, i. It means the distance for compilear on which caused death.  *It means the distance of conditions if any, giring DUE TO (b)  Take, injury, or compilear on which caused death.  *DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related to the distance or conditions contributing to the death but not related.  **In ACCIDENT**  **In OTHER SIGNIFICANT CONDITIONS*  **In ACCIDENT**  **In OTHER SIGNIFICANT CONDITIONS*  **In ACCIDENT**  **In ACCIDENT**  **In ACCIDENT**  **In ACCIDENT**  **In ACCIDENT**  **In Conditions contributing to the death but not related bidg					Coroners t	lebbard )
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DUE TO (c)  The sused death.  Due to (c)  II. Other significant conditions contributing to the death but not related to the disease or condition counting death.  Due to conditions contributing to the death but not related to the disease or condition counting death.  Due to conditions contributing to the death but not related to the disease or condition counting death.  Due to (c)  II. Other significant conditions  Conditions contributing to the death but not related to the disease or condition counting death.  Due to (c)  III. Other significant conditions  Conditions contributing to the death but not related but not put to the counting death.  Due to (c)  III. Other significant conditions  Conditions contributing to the death but not related but not related but not related but not related but not put to the counting of the death not put to the counting of the death of the death occurred at the death occurred at the death occurred at the causes and on the date stated above.  Due to (c)  III. Other significant condition counting death.  Due to the disease or condition counting death.  Due to the death out not put to the death occurred at t	as heart failure, asthenia,	nie to the above ca	use (a) stating		•	
Conditions contributing to the death but not related to the disease or condition cousing death.  20. AUTOPSY?  TION  12. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE  12. I hereby certify that I attended the deceased from alive on Wishell 1, 19 12, and that death occurrent at alive on Wishell 1, 19 12, and that death occurrent at 1 3 4 m., from the causes and on the date stated above.  12. I hereby certify that I attended the deceased from alive on Wishell 1, 19 12, and that death occurrent at 1 3 4 m., from the causes and on the date stated above.  12. I hereby certify that I attended the deceased from alive on Wishell 1, 19 12, and that death occurrent at 1 3 4 m., from the causes and on the date stated above.  12. I hereby certify that I attended the deceased from alive on Wishell 1, 19 12, and that death occurrent at 1 3 4 m., from the causes and on the date stated above.  12. I hereby certify that I attended the deceased from alive on Wishell 1, 19 12, and that death occurrent at 1 3 4 m., from the causes and on the date stated above.  12. I hereby certify that I attended the deceased from alive on Wishell 1, 19 12, and that death occurrent at 1 3 4 m., from the causes and on the date stated above.  12. DATE SIGN  13. DATE SIGN  14. DATE  15. DATE SIGN  16. DATE SIGN  17. DATE  18. DATE SIGN  18. DATE	ase, injury, or complica-					
TION  18. ACCIDENT SUICIDE SUICIDE HOMICIDE OF INJURY  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.)  10. TIME (Month) (Day) (Year) (Hour) WARK NOT WHILE AT MOT WHILE WORK  21f. How DID INJURY OCCUR?  22f. How D	ion which caused death.					
ACCIDENT   (Specify)   21b. PLACE OF INJURY (e.g., in or about SUICIDE   bome, farm, factory, street, office bidg., etc.)   21c. (CITS. TOWN OR TOWNSHIP). (COUNTY) (STATE)   10d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   10d. TIME   10	9a. DATE OF OPERA-	196, MAJOR FIND	INGS OF OPERATION		·	20. AUTOPSY?
10. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED OF INJURY OCCUR?  11. I hereby certify that I attended the deceased from ATMORK ATMORK 1941, to 11. In 1962, that I last saw the deceased alive on Winter 1962, and that death occurred at 3.34 m., from the causes and on the date stated above.  3a. SIGNATURE (Degree of title) 23b. ADDRESS 23c. DATE SIGN W. f. j. o.  4a. BURTAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 1000, REMOVAL (Breeds;) May 21 22 Union Chemilery Annual Months.					410X	YES NO
10. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED OF INJURY OCCUR?  11. I hereby certify that I attended the deceased from ATMORK ATMORK 1941, to 11. In 1962, that I last saw the deceased alive on Winter 1962, and that death occurred at 3.34 m., from the causes and on the date stated above.  3a. SIGNATURE (Degree of title) 23b. ADDRESS 23c. DATE SIGN W. f. j. o.  4a. BURTAL, CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) 1000, REMOVAL (Breeds;) May 21 22 Union Chemilery Annual Months.	21a. ACCIDENT SUICIDE	(Specify) 2	215. PLACE OF INJURY (e.g., in or about nome, farm, factory, street, office bldg etc.)	21c. (CITY. TOWN OR TOWNS	SHIP) (COUNTY)	(STATE)
INJURY  IN WHILE AT WORK  IN WHILE AT WORK  IN I hereby certify that I attended the deceased from 24 th, 19 11, to 11 22, that I last saw the deceased alive on Wisheld 1, 19 12, and that death occurrent at 3 3 thm., from the causes and on the date stated above.  3a. SIGNATURE  (Degree of title)  23b. ADDRESS  23c. DATE SIGN  WW. f. 20  4a. BURTAL. CREMA- 10N, REMOVAL (Repeats)  May 120  10N, REMOVAL (Repeats)  May 1 24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State)  Respective to the deceased from 24d. LOCATION (City, town, or county)  (State)  Respective to the deceased from 24d. LOCATION (City, town, or county)  (State)	HOMICIDE	1		- Willaw	y Roy	, VYLO
INJURY  1. I hereby certify that I attended the deceased from	OF	(Day) (Year) (I		21f. HOW DID INJURY OCCU	R7	
alive on Wirtel. 19, 1912, and that death occurrent at 2.39 fm., from the causes and on the date stated above.  3a. SIGNATURE  (Degree or title) 23b. ADDRESS  23c. DATE SIGN  W. f.z.  4a. BURTAL. GREMA- 24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  Physical Date  24d. LOCATION (City, town, or county)  (State)  Physical Date  (State)	INJÜRY		m. WORK ATWORK		<del>,,</del>	
3a. SIGNATURE  (Degree or title)	2. I hereby certify t	haf I attended ti	re deceased from	_, 19 71, lo Masse	that I las	t saw the decea
10. BURTAL CREMA- 24b. DATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State Burial Marie Sausan Tho	alive on Marie	L.14, 1953	, and that death occurred at	1.39 Arm., from the cau		
10. BURTAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Thurse 182 Union Cornellary Lauran Mo	23a. SIGNATURE	O	(Degree or title)	23b. ADDRESS		23c. DATE SIGN
Buriel Mar 21 82 Union Cornelery Lauran Mo	(V Volu	W CD V	elver Mit.	James	Wo	
Buriel Mar 21 82 Union Gerneley Sausan Mo	24a. BURTAL, CREMA- TION, REMOVAL (Bredly)	24b. DATE		Y OR CREMATORY   24d. LC	CATION (City, town, or coun	ty) (State)
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 272 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  VERAL 1-52 Delen Lawrence M	Buriel	Mar a	1 82 Union 6		James	mo
heral 1.52 Helen Jaken 5 Yarman Prichard Lawson M	DATE REC'D BY LOCAL	REGISTRAR'S S	18 14 272	25. FUNERAL DERECTOR'S	SI GNATURE DAD	DRESS
	Merch 21-5	2 Helen	romake s	Yarman Pr	uchard Lau	you M



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	verse side of this certificate was embalmed by me, or by	******
Working under my personal eunemicion		

Note: The above MUST, BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fainte to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.