

FILED OCT 16 1948

State File No.

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
112 E. Bluff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 66 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 112 E. Bluff
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Thomas Cravens

3. (b) If veteran, name war ####

3. (c) Social Security No. ###

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Oct 8 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90 10 17 hr. min.

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name Thomas J. Cravens

13. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Stall

15. Birthplace Woods Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frances Burke

(b) Address 3615 Central-Kansas City Mo

17. (a) Burial (b) Date thereof 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Chas O. Hoje

(b) Address Excelsior Springs Mo

19. (a) 8/27/48 (b) Caroline Dulich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month August day 25
year 1948 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from June 15
1948 to August 20 1948;
that I last saw her alive on August 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure associated with arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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) _____

(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 _____

23. Signature SR M. G. ... (M. D. or other) _____

Address Excelsior Springs Mo Date signed 9/1/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 3,

District File Number.....

Date Filed 10-14-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed James A. Moles
Licensed Embalmer No. 3296

P. O. Address 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.