

1. PLACE OF DEATH a. COUNTY Tarrant			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Texas b. COUNTY Tarrant		
b. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		c. LENGTH OF STAY in 1 b. 39 yrs.	c. CITY OR TOWN (If outside city limits, give precinct no.) Fort Worth		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION DOA Harris Hospital			d. STREET ADDRESS (If rural, give location) 2845 5th Avenue		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) (a) First Clarence (b) Middle O. (c) Last Kraft			4. DATE OF DEATH March 25, 1958		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired County Judge		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Kraft			14. MOTHER'S MAIDEN NAME Unknown Meta		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Clarence Kraft Jr.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Fort Worth, Texas		20g. STATE Texas		
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____. Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Walter Boyd Jr.</i> (Degree or title)		22b. ADDRESS Tarrant Co. Ct - House		22c. DATE SIGNED 3-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-27-1958	23c. NAME OF CEMETERY OR CREMATORY Greenwood		
23d. LOCATION (City, town, or county) Fort Worth,		(State) Texas	24. FUNERAL DIRECTOR'S SIGNATURE Crowder & Brooks # 192 Ray Crowder		
25a. REGISTRAR'S FILE NO. 872	25b. DATE REC'D BY LOCAL REGISTRAR MAR 27 1958		25c. REGISTRAR'S SIGNATURE <i>Ray Crowder</i>		