

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29414
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 456
(b) Township Chillicothe Primary Registration District No. 56114 Registered No. _____
(c) City _____ (d) Street No. 6 miles N. E. Chillicothe, Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH HENRY G. GRAVES

(a) Residence, No. Livingston County St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cordelia Long Graves
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Hon. Discharged
10. Date deceased last worked at this occupation (month and year) Soldier (time (years) spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) Livingston County
(STATE OR COUNTRY) Missouri

13. NAME George Graves
14. BIRTHPLACE (CITY OR TOWN) Nodaway County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emiline Strut
16. BIRTHPLACE (CITY OR TOWN) Livingston County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Cordelia Graves
(ADDRESS) 9 M. N. Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brassfield DATE Aug. 23, 1938

19. FUNERAL DIRECTOR Frank B. Norman-1404
(ADDRESS) Chillicothe, Missouri

20. FILED Sept 17, 1938 Donald B. Powell, Jr.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938, to Aug 21, 1938
I last saw him alive on Aug 21, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Pulmonary Edema
Myocarditis
Date of onset Aug 16

Other contributory causes of importance:

Passed in World War

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Donald F. Youll, D.O.

(Address) Wheeling, Mo. 3

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Elton F. Norman Licensed Embalmer No. 4036

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

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.)