

REC'D APR 17 1939

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

9459

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2318 Campbell 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 612 Susie Mae Graves

(a) Residence, No. 2318 Campbell 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Smith Graves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7th 1874</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Domestic</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)	<u>Missouri</u> <u>0</u>	
FATHER	13. NAME	<u>Unknown</u> <u>9</u>
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)	<u>Unknown</u> <u>0</u>
MOTHER	15. MAIDEN NAME	<u>Martha Blanchard</u>
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)	<u>Missouri</u>
17. INFORMANT (ADDRESS)	<u>Helen Benton</u> <u>2318 Campbell</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Westlawn</u> DATE <u>3-11-38</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>H. B. Moore</u> <u>1820 E 18th street K.C. Mo.</u>	
20. FILED	<u>Mon 1 39 M. M. Brown</u> <u>Local Registrar.</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-3922. I HEREBY CERTIFY, That I attended deceased from Feb 16 - 39 to Mar 7 - 39I last saw him alive on Mar 7 - 39 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Brancho Pneumonia
Terminal
Heart Failure

Other contributory causes of importance:

Heart Failure

Name of operation None Date of 20
 What test confirmed diagnosis? None Was there an autopsy? Yes

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) H. B. Moore, M. D.(Address) 1812 E 12

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,

AB Maorn

....., or by

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

Signed.....

AB Maorn

Licensed Embalmer No. *2410*

P. O. Address *1870 East 18th St*

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, above space should be left blank.