MAY 22 1939

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

15855
Do not use this space.

1. PLACE OF DEATH
(a) County Pulaski — Registration District No. 712
(b) Township or (c) City Richland — Primary Registration District No. 4427 — Registered No. 13
(d) Street No. ____ 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 6 yrs. 13 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward E Graff
(a) Residence, No. ____ St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed Husband Jane Graff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 14 1849
7. AGE: Years 90 — Months 0 — Days 11 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: ____
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): Jefferson City Cole Co. Mo

FATHER
13. NAME: William Graff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: unknown Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Hattie Minter Richland Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hillhouse cemetery — DATE: 4-27 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R B Teeple Richland Mo.
20. FILED 4-25 1939 Everett A. Oliver, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/22 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-30 1939 to 4-23 1939, that I last saw him alive on 4-23 1939. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Left side	
Cerebral Hemorrhage	3-30-1939
Other contributory causes of importance:	
Arteriosclerosis	1919

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: none
Nature of injury: ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____
(Signed) R G Fowler M.D.
(Address) Richland Mo

(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 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.....

Licensed Embalmer No. 3198

P. O. Address Richland Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.