

REC'D SEP 20 1939

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

29339  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 398  
 (b) Township Blue Primary Registration District No. 5554  
 (c) City Independence, Mo. (d) Street No. 1836 Maywood 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 Mrs. Annie Graves  
 (a) Residence, No. 1836 Maywood 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Graves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1855

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>4</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker

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) no record  
pa

FATHER  
 13. NAME Pazaro Ogden Felver  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record  
Indiana

MOTHER  
 15. MAIDEN NAME Mary Stevens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. W. O. Pemberton,  
(ADDRESS) 1836 Maywood, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Elmwood DATE 9-2-39

19. FUNERAL DIRECTOR (NAME) T. H. Blackman & Son  
(ADDRESS) 2825 Indep. Ave., K. C. Mo.

20. FILED 9-2-39 J. R. Cook  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1939, to Aug 29, 1939  
 I last saw him alive on Aug 29, 1939. Death is said to have occurred on the date stated above, at 8:35 a. m. PM  
 The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia  
Arteriosclerosis with Hypertension  
 Date of onset Aug 27-39

Other contributory causes of importance:  
Arteriosclerosis with Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. J. J. Graham M. D.  
 (Address) 811 Chambers St.

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 W.B. Blackman

Licensed Embalmer No. 3639

P. O. Address K.C. 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, above space should be left blank.**