

FILED MAY 13 1940

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

15623
Do not use this space.

1. PLACE OF DEATH
 (a) County Nodaway Registration District No. 625
 (b) Township 0 Primary Registration District No. 3031 Registered No. 40
 (c) City Marionville (d) Street No. St Francis Hospital 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.
 6 17

2. PRINT FULL NAME Mary Alvina Graves
 (a) Residence, No. Burlington Jct. Mo. St. Burlington Jct. Mo.
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jefferson Graves
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1869
 7. AGE YEARS 70 MONTHS 7 DAYS — If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 6
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo.
 MOTHER 13. NAME J. Wellington Moorehouse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Peery Franklin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent.
 17. INFORMANT (ADDRESS) Bryan Richey Hopkins Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Jct. Mo. DATE Apr. 14 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Marionville, Mo.
 20. FILED Apr 13 1940 Marionville E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1940
 22. I HEREBY CERTIFY, That I attended deceased from March 4, 1940 to April 12, 1940
 I last saw him alive on April 11, 1940. Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral emboli
Chor. Endo Carditis
Chor. Myo Carditis
Chor. Capillitis + AF
Cyclo Nephritis
 Other contributory causes of importance:
Serulinity 92W
 Date of onset 4/1/40
 Name of operation None Date of.....
 What test confirmed diagnosis?..... 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? NO
 If so, specify.....
 (Signed) B. F. By Land M. D.
 (Address) Burlington Jct. Mo.

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 John W. Price
Licensed Embalmer No. 3229
P. O. Address Maryville 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.