

No. 2
4-13-40
5-17-39
X29159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21227

State File No. _____

Registration District No. 85

Primary Registration District No. 5127

Registrar's No. 8 351

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt. #6 St. Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. # 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Infant Graves

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 26, 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 2 hr. 0 min.

9. Birthplace Rt. #6 St. Joseph, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name George Graves

13. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruth May Ferguson

15. Birthplace Harrison County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Graves

(b) Address Rt. #6 St. Joseph, Mo.

17. (a) Burial (b) Date thereof June 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director John C. Ruff

(b) Address 6054 Taylor Ave.

19. (a) June 28, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1941 hour 3:30 minute P.M.

21. I hereby certify that I attended the deceased from June 26th, 1941, to June 26th, 1941; that I last saw her alive on June 26th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to _____

Due to _____

Other conditions (Pregnant at 6 months)
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Nancy J. Redick (M. D. or other) M.D.

Address Katharine Bldg. St. Joseph, Mo. Date signed 6/27/41

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

body was not embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *6054 Payson*

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, fact should be so stated above.