

FILED JAN 30 1942
Registration District No. 252

Primary Registration District No. 3009

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
418 North Middle Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 418 North Middle Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ulysses Grant Gravette

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-07-3871

4. Sex Male 5. Color or race Negro 5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie Gravette 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: April 1, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 21 hr. min.

9. Birthplace Harrisburg, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER { 12. Name (Unknown) Gravette

13. Birthplace (Unknown) (City, town, or county) (State or foreign country)

14. Maiden name Bettie Rowland (City, town, or county) (State or foreign country)

15. Birthplace (Unknown) (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Gravette Cape Girardeau

(b) Address 418 North Middle Street

17. (a) Burial (b) Date thereof Dec. 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 12-24-41 (b) J. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1941 hour 1 minute 21 A. M.

21. I hereby certify that I attended the deceased from 12-19-1941 to 12-22-1941
that I last saw him alive on 12-21-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Sleep-tensive Heart Disease Duration 6 mos.
Chronic Nephritis 10 months

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations - 1318 PHYSICIAN _____
Of autopsy _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. A. Fingal (M. D. or other) _____
Address 17 N. Sprigg St Cape Girardeau Mo Date signed 12-23-41

MEMORANDUM

TO: DISTRICT HEALTH OFFICER

District Health Officer No. 4
District File Number 142-12
Date Filed 1-15-42

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 *Frank Sparks*
Licensed Embalmer No. 34585
P. O. Address *Cape Girardeau, 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, fact should be so stated above.