U. S. No. 2
Rev. 11-10-39
Rev. 5-17-39
Form I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27507

FILED SEP 12 1942

Registration District No. 1847 Primary Registration District No. 4256 Registrar's No. 154

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Holden Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51 1 0

(c) City or town Holden

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME J D GRAVES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Graves 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 21 (Day), 1879 (Year)

8. AGE: Years 63 Months 1 Days 24 If less than one day hr. min.

9. Birthplace N. C. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Edna Graves

13. Birthplace N. C. (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name Astry Camille Brooks

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

16. (a) Informant Mrs. J. D. Graves

(b) Address Holden

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director J M Kaufman

(b) Address Garden City MO

19. (a) Aug. 17 (Date received by local registrar) (b) Mrs Frank Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15th year 1942 hour minute M.

21. I hereby certify that I attended the deceased from May 8, 1942 to Aug. 15, 1942; that I last saw him alive on August 1, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Endocarditis	
Due to Chronic Myocarditis	
Due to Myocardial Degeneration	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 91 F

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D Elmer Holmberg (M. D. or other)

Address Holden, Mo Date signed 8/15/42

100.2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-42

AUG 1 1 ...

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 J. M. Kauffman, Registered Apprentice No. 2.0, working under my personal supervision.

Signed J. M. Kauffman

Licensed Embalmer No. 1030

P. O. Address Garden City Kan.

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.

U. S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27507

Registration District No. 167 Primary Registration District No. 4266 Registrar's No. 42, ~~15~~

1. PLACE OF DEATH:
(a) County Holden Johnson
(b) City or town Holden Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME J. P. Shaver
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 21 (Day) 1878 (Year)

8. AGE: Years 63 Months Days (If less than one day) hr. min.

9. Birthplace (City, town, or county) N.C (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature D.O. (M. D. or other)
Address Date signed

SUPPLEMENTARY