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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30356

Primary Registration District No. 2000

Registrar's No. 670

**1. PLACE OF DEATH:**

(a) County GREENE

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

(c) Name of hospital or institution: BURGE HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County WEBSTER

(c) City or town RURAL 1.12 (If outside city or town limits, write "RURAL")

(d) Street No. x Ozark Township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME LAWRENCE WALTER GRAVES

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Verda Graves

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

7. Birth date of deceased Sept. (Month) 9 (Day) - 1893 (Year)

8. AGE: Years 49 | Months 0 | Days 7 | If less than one day x hr. x min.

9. Birthplace Webster County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Lewis Graves 0
13. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verda Graves

(b) Address Marshfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18-1942 (Month) (Day) (Year)

(c) Place: burial or cremation MARSHFIELD, MO.

18. (a) Signature of funeral director Ray Rainey

(b) Address Marshfield, Mo.

19. (a) 9-18-42 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 16 year 1942 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Sept. 15, 1942 to Sept. 16, 1942 that I last saw him alive on Sept. 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Apparent Streptococcus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 24 a

Of autopsy Yes

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? no (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E B Hanan (M. D. or other)

Address 542 Med Arts Bldg Springfield, Mo. Date signed 9-16-42

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(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1966

## 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.....X.....

Licensed Embalmer No.X.....

P. O. Address.X.....

**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.**