

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33168

State File No.

Registration District No. 38

Primary Registration District No. 3006-5-120

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(c) Name of hospital or institution Without Covidence Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution June 19-1942
(Specify whether years, months or days) 9 mo 20 days

3. (a) PRINT FULL NAME LUCINDA GRAVES

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race M 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 5-21-1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business own farm

12. Name Jno. J. Graves
13. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Mc. Grady
15. Birthplace Boone Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant R.B. Graves
(b) Address Clark Mo. R.R. 2

17. (a) burial (b) Date thereof 10/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Burial Co.

18. (a) Signature of funeral director Frank A. Thompson
(b) Address Madison, Mo.

19. (a) Oct 13, 1942 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Clark (If outside city or town limits, write "RURAL")
(d) Street No. South 2nd Clark (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1942 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1936 to Oct 1942

that I last saw her alive on May and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Sclerosis Duration 7 yrs

Due to 97

Due to Paralysis of Arm & Leg

Other conditions Paralysis of Arm & Leg (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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 J. R. M. Thomas (M. D. or other) ✓
Address Surgeon, Mo. Date signed 10-11-42

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.