

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2164

Primary Registration District No. 200

FILED NOV 6 1942
Registration District No. 784

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Wabash at Garfield
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barren

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

(d) Street No. R.F.D. #1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ora Ann Graves

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1942 hour 9 minute 15 A.M.

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife Edward E. Graves

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. 13 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-14 1942 to 10-17 1942
that I last saw him alive on 10-17 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days 4
If less than one day _____ hr. _____ min.

Immediate cause of death Old myocardia Duration 3 years

9. Birthplace Vermont Illinois
(City, town, or county) (State or foreign country)

Due to Myocardia 4 years

10. Usual occupation Housewife

Due to Nephritis 5 years

11. Industry or business Housekeeping

Other conditions none

12. Name William Bottenburg

Major findings: none Of operations none Of autopsy none

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

14. Maiden name Foster

15. Birthplace Table Grove Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Graves

(b) Address 4867 Cote Brilliant

17. (a) Burial (b) Date thereof 10/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville, Mo.

18. (a) Signature of funeral director J. J. Murray

(b) Address Owensville, Missouri

19. (a) OCT 18 1942 (b) C. J. McFarlane
(Date received local registrar) (Registrar's signature)

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) _____

(2) Means of injury _____

23. Signature Ray Johnson (M. D. or other) _____

Address Jefferson mo Date signed 10/17/42

96
1
701

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 *William J. Hiron*
Licensed Embalmer No. *4319*
P. O. Address *St. Louis 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.