

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39052**

FILED DEC 31 1944
Registration District No. **360**

Primary Registration District No. **3074**

Registrar's No. **132**

1. PLACE OF DEATH:

(a) County Vernon

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community ✓
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 105

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

(d) Street No. 329 E. Locust
(If rural, give location)

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

3. (a) PRINT FULL NAME Dr. Otto Coolidge Graves

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12th
year 1944 hour 10 pm minute _____ M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years 1845

21. I hereby certify that I attended the deceased from Nov 7 1944 to Nov 15 1944
that I last saw him alive on 11/15 and that death occurred on the date and hour stated above.

7. Birth date of deceased: Jan (Month) 8th (Day) 1845 (Year)

8. AGE: Years 99 Months 10 Days 7 If less than one day hr. _____ min. _____

Immediate cause of death General Aortic Aneurysm
Sclerosis
Due to AGE - 99 years old

9. Birthplace Centerville (City, town, or county) New York (State or foreign country)

10. Usual occupation Homekeeper

Due to ✓ 9/7

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name James Coolidge

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

14. Maiden name Coolidge

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

Major findings: Of operations ✓

Of autopsy W

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Don Graves

(b) Address Neuada Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Deepwood Cemetery

18. (a) Signature of funeral director Robert Rapp

(b) Address Neuada Mo

19. (a) 11-19-44 (Date received local registrar) (b) Fozel B. Beusch (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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. M. White (M. D. or other) _____
Address Neuada Mo Date signed 11/15/44

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

FEB 26 1945

License No. 1167
Date filed 11-44-1344
12-0-48

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 *Allen E. Gray*

Licensed Embalmer No. 1968

P. O. Address *Nevada, 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.