S. No. 2,
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17263

State File No.

Registration District No. 166

Primary Registration District No. 4245

Registrar's No. 9

51
0
0

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Knob Noster
(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
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HARRIETTE LORENA DeGRAFFENREID

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 14 (Day) 1866 (Year)

8. AGE: Years 78 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hardin Edwards
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Rickett
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Wallace

(b) Address Walla Walla Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Lineville, Iowa

18. (a) Signature of funeral director C. L. Saults

(b) Address Knob Noster Mo.

19. (a) May 12-1945 (Date received local registrar) (b) Mrs C. L. Saults (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 12th 1945 to May 12 1945 that I last saw her alive on May 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cler myocarditis

Due to —

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

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?
(Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature F. W. Grove M.D. (M.D. or other)

Address Knob Noster Mo. Date signed May 12 45

134 (Licensed Embalmer's Statement on Reverse Side)

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 C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.