

U.S. No. 2
DOM-2-43
Rev. 5-17-39
X33597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6352

Registration District No. 4-4-2-80 Primary Registration District No. 3-6-8-25673 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Graven Rural
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(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 Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EUGENE GRAVEN
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 15 year 1946 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 13, 1946 to Feb 15, 1946
that I last saw him alive on Feb. 15, 1946 and that death occurred on the date and hour stated above.

4. Sex M Color or race F
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mattie Graven 6. (c) Age of husband or wife if alive 76 years

Immediate cause of death Coronary Thrombosis Duration 2 days

8. AGE: Years 77 Months 5 Days 26 If less than one day _____ hr. _____ min.

Due to chronic Myocarditis 10 years

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

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

10. Usual occupation Farmer
11. Industry or business _____
12. Name R. B. Graven
13. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cathelina Thornhill
15. Birthplace Lincoln Co Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mattie Graven
(b) Address Troy Mo.
17. (a) Burial (b) Date thereof 2-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thornhill Care
18. (a) Signature of funeral director Wayne Mc Coy
(b) Address Troy Mo
19. (a) 2-16-46 (b) J. Neunlist
(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) (e) Means of injury _____
23. Signature A. S. Hornis (M. D. or other) _____
Address Troy Mo. Date signed 2-18-46

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

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113

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.....

Wayne McCoig

Licensed Embalmer No.....

3586

P. O. Address.....

Troy 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.