

S. No. 2
FORM-5-43
Rev. 5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39495
Registrar's No. 120

FILED JAN 14 1947
Registration District No. 2

Primary Registration District No. 5014

200
38309
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Jefferson township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: RFD #2 - St Joseph
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community most of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD #2, St Joseph
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN HENRY GRAVES
 3. (b) If veteran, name war WW 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 30
 year 1946 hour 1:15 minute AM
 21. I hereby certify that I attended the deceased from Dec 10
10, 1946 to Dec 30, 1946
 that I last saw him alive on Dec 29, 1946
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wht
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maud Graves 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Sept 27, 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 4 Days
 Due to Arteriosclerosis ?
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Andrew Co Mo. (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

11. Industry or business _____
 12. Name Robert Graves
 13. Birthplace unknown Ind. (City, town, or county) (State or foreign country)
 14. Maiden name Nellie Murray
 15. Birthplace unknown Ind. (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs Nellie Deegan
 (b) Address B. Independence City Mo
 17. (a) (Burial, cremation, or removal) Green Cove (b) Date thereof Dec 31-1946
(Month) (Day) (Year)
 (c) Place: burial or cremation Green Cove
 18. (a) Signature of funeral director Stoney Funeral Home
 (b) Address St Joseph Mo
 19. (a) 1-2-47 (b) William Sparks
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy Q3A
 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 Q3A
 23. Signature Clifford L Steidley or other _____
 Address Rural RFD #2 St Joseph Mo Date signed 12/30/46

Funeral Home

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Charles M. Harman

....., Registered Apprentice No.

working under my personal supervision.

Signed *John H. Hurley*

Licensed Embalmer No. *4050*

P. O. Address *St. Joseph, 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.