. No. 2
I—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10245

State File No.

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 108

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 W. Henry
(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 mo 4 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 1
(If outside city or town limits, write "RURAL")
(d) Street No. 316 W. Henry 4
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wayne Morris Gravitt
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec. (Month) 8 (Day) 1946 (Year)

8. AGE: Years | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Sedalia (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Samuel Gravitt
13. Birthplace Sedalia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Rosa Cochran
15. Birthplace Booneville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Rosa Gravitt
(b) Address 316 W. Henry, St - Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.
18. (a) Signature of funeral director J. P. Alexander
(b) Address 400 W. Cooper, St. - Sedalia, Mo
19. (a) 3-19-47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Month~~ 12th day March year 1947 hour 7 o'clock minute P M.
21. I hereby certify that I attended the deceased from 3/12, 1947, to 3/12, 1947 that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) 0
While at work? (e) Means of injury

23. Signature P W C Davis (M. D. ~~or other~~) MD
Address Sedalia Mo Date signed 3/14-47

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-12-47

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 J. Price Alexander

Licensed Embalmer No. 4745

P. O. Address Sedalia 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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 108

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
(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 (b) County

(c) City or town
(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 Wayne M. Gravett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 8 (Day) 1946 (Year)

8. AGE: Years | Months 3 | Days 3 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 12
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi-Pneumonia

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 [signature] (M. D. or other)
Address Sedalia Date signed

SUPPLEMENTARY

10245