

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED NOV 19 1947

Registration District No. \_\_\_\_\_ Primary Registration District No. **3000** \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:  
Green-Smith  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 minutes  
(Specify whether years, months or days)

In this community 50 minutes  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Leicester  
(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 FRED WALKER GRAVES

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eva Graves

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 5 1893  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1947 hour 10 minute 40 PM.

21. I hereby certify that I attended the deceased from Oct 31 1947 to Oct 31 1947; that I last saw him alive on Oct 31 1947; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53 11 26 \_\_\_\_\_ min.

(Immediate cause of death) Concussion of brain?? with hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations NO

Of autopsy \_\_\_\_\_

Duration 50 min.

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

10. Usual occupation Bus. Business

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Sam Graves

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

14. Maiden name Matilda Moore

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 10/31/47

(c) Where did injury occur? La Plata Mason Co.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public High way

While at work? No (Specify type of place) (e) Means of injury Auto collision

16. (a) Informant Eva Graves

(b) Address Leicester MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3 47  
(Month) (Day) (Year)

(c) Place: burial or cremation Green-Smith

18. (a) Signature of funeral director P. O. Benton

(b) Address Leicester MO

19. (a) 11-8-47 (Date received local registrar) (b) Wate Lambert (Registrar's signature)

23. Signature J. P. King (M. D. or other) MD

Address Hicksville, Mo. Date signed 10/31/47

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

36907

DEC 2-1947

RECEIVED  
District Health Officer No. 1  
License Number 11-47-157  
Date Filed NOV 18 1947

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 P. O. Fenton  
Licensed Embalmer No. 3705  
P. O. Address Fancastle Md.

**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.