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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 22 1947
164

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Warrensburg Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

In this community 3 1/2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 5/

(c) City or town Warrensburg, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 330 E. Carlton 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Sallie Elizabeth McGraw

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Loufiette McMullin McGraw

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

7. Birth date of deceased October 21 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1947 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Oct 1
2, 1947 to 12-7, 1947
that I last saw her alive on 12-10, 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>1</u>	<u>16</u>	hr. min.

Immediate cause of death Cerebral Hemorrhage
Arteriosclerosis ?

Duration 17 mo.

Due to _____

Due to _____

9. Birthplace Henry Co., Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 83A
: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name William S. Perry

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Garrett

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

16. (a) Informant Mrs. McGraw

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Dec 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director R. A. Brannan

(b) Address 117 N. Main, Warrensburg, Mo.

19. (a) Dec 2, 1947 (b) Savannah Whitefield
(Date received local registrar) (Registrar's signature) 147

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury 0

3. Signature R. L. Lilliope (M. D. or other) MD
Address Warrensburg, Mo. Date signed 12/8/47

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

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.....

Lindsey K. Jarman, Registered Apprentice No. *88*
working under my personal supervision.

Signed *W. B. Brauning*

Licensed Embalmer No. *3377*

P. O. Address *Warrensburg, 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.