

No. 300
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5-17-39
PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948
Registration District No. 128

Dr. Max Fitch
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
2000

State File No. 25961
Registrar's No. 705-B

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL") 2
(d) Street No. 505 South Grant
(If rural, give location) 60
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lilla May Graves
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August, day 23, year 1948 hour 11 minute 45 A. M.

4. Sex F M 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Wallace Graves Deceased 90 years 6. (c) Age of husband or wife if 5 th.
7. Birth date of deceased May (Month) 5 th. (Day) 1875 (Year)

21. I hereby certify that I attended the deceased from June, 1947 to Aug 23, 1948
that I last saw h.e. alive on Aug 23, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 2 18 hr. min.

Immediate cause of death: Ch. Nephritis 15 mo
Due to _____
Due to _____

9. Birthplace Greene Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 131B
Of autopsy _____

11. Industry or business _____
12. Name Charles Smith
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary S. Burrow
15. Birthplace Greene Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ralph L. Graves
(b) Address 505 S. Grant, Springfield,

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Aug 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

(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? ✓

18. (a) Signature of funeral director W.L. Dunn
(b) Address Springfield, Mo.
19. (a) 9-9-48 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (Means of injury)
23. Signature Max Fitch (M. D. or other) MD
Address Springfield Mo Date signed 9-27-48

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

9
2
6

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 W. L. McCann
Licensed Embalmer No. 2727
P. O. Address. Springfield 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.