

FILED OCT 29 1948  
Registration District No. 180

Primary Registration District No. 4290

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town FOLEY  
(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 all of life  
years, months or days

3. (a) PRINT FULL NAME JESS GRAVES

8. (b) If veteran, name war NO

3. (c) Social Security No. UNKNOWN

4. Sex MALE 5. Color or race W

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife MAUDE GRAVES

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased: FEB 3 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: FOLEY Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

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

12. Name TILLMAN GRAVES

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name SVEAN STONEBRAKER

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

16. (a) Informant HOWARD GRAVES

(b) Address FOLEY, Mo.

17. (a) BURIAL (b) Date thereof 10-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STAR HOPE CEM.

18. (a) Signature of funeral director [Signature]

(b) Address ELSBERRY, Mo.

19. (a) 10-22-48 (b) B-C. Neumant  
(Date received local registrar) (Registrar's signature) 1025

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 51

(c) City or town FOLEY  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? NO years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 20  
year 1948 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug. 1  
1948 to Oct. 20 1948

that I last saw him alive on Oct 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardia;

Duration ?

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

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

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

Major findings: \_\_\_\_\_  
Of operations [Signature]

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature D. H. T. Kelley (M. D. or other) Do.  
Address 90 W. 1st St. Mo. Date signed 10-20-48

Date Filed OCT 28 1948  
District No. 9  
R.A. No. 100

NOV 24 1948

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. J. Gaudinich*

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.