

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
15 1940 MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1656

Registration District No. 79 Primary Registration District No. 5116 Registrar's No. A

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Rural  
(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  
In this community All of life  
years, months or days 0/12

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Boone  
(c) City or town Rural  
(d) Street No.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME NICHOLAS HAYNES GRAVES  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 17  
year 1940 hour 6 PM minute 30 M.  
21. I hereby certify that I attended the deceased from Jan 15  
1940, 1940, to Jan 17, 1940  
that I last saw him alive on Jan 17  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 2 years 1862

Immediate cause of death Cardiac failure Duration  
Due to Conjestion of rd. & left  
lung  
Due to Pneumonia

7. Birth date of deceased (Month) (Day) (Year)  
8. AGE: Years 77 Months 10 Days 15 If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Boone Co. Mo.  
10. Usual occupation Farmer  
11. Industry or business retired  
12. Name James Graves  
13. Birthplace Mo.  
14. Maiden name Ann Woods  
15. Birthplace Mo.

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?  
(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

16. (a) Informant's own signature Warren Graves  
(b) Address Sturgeon, Mo.  
17. (a) Burial (b) Date thereof Jan. 19-1940  
(c) Place: burial or cremation Union Cem.  
18. (a) Signature of funeral director Barnes & Boothe  
(b) Address Sturgeon, Mo.  
19. (a) Jan. 19-1940 (b) Al Boothe  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Joseph H. Jomic (M. D. or other) Dr.  
Address Sturgeon, Mo. Date signed Jan 19  
1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 E Boothe*.....  
Licensed Embalmer No..... *4087*.....  
P. O. Address..... *Sturgeon, 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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

165-6 X  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 99  
 (b) Township Bourbon Primary Registration District No. 5116 Registered No. 4  
 (c) City..... (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nicholas Haynes Weaver  
 (a) Residence, No..... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 77 MONTHS 10 DAYS 13 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1940

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Cardiac failure  
Compensation of Rt. & Left lungs  
Pneumonia  
105  
 Other contributory causes of importance:  
Lobar pneumonia  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify Joseph H. Gomez, M.D.  
 (Signed) Surgeon (Address) 222

SUPPLEMENT

