FILED AUG 23 1940

S. No. 2
—11-10-39
[redacted]21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26187

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 145

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

1. PLACE OF DEATH:

(a) County St. Francois Co. St Francois

(b) City or town near Farmington, Mo. - Rural St Francois Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 4 Rural St Francois Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution e weeks (Specify whether 3
In this community 3 months 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tennessee (b) County Shelby

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

(d) Street No. 2019 Union Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S. Citizen years.

3. (a) PRINT FULL NAME Martha Ellanor Graves 612

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Geo. T. Graves, Sr.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 12, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Cabool (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife 7

11. Industry or business Home

FATHER
12. Name John Haggenbuch 1
13. Birthplace Zurich (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Matilda Beeler
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Geo. Tivis Graves, Jr., M.D.
(b) Address Farmington, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 11-40 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis Tenn

18. (a) Signature of funeral director Neidert Mud Co
(b) Address Farmington Mo

19. (a) Aug 11-1940 (Date received local registrar) (b) B J Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10
year 1940 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 5, 1940
, 19 , to Aug. 10, 1940
that I last saw her alive on Aug. 10, 1940, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death primary squamous cell carcinoma base, left tonsil with metastasis to mediastinum - left lung	
Due to and central nervous system. (Terminal Toxemia)	3-15-40 ?
Due to	
Other conditions No (Include pregnancy within 3 months of death) 45	

Major findings:
Of operations X-ray and Radium Therapy and Biopsies confirmed.
Of autopsy No

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 None
(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? 6 (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul J Schrader M.D. or other MD
Address Farmington, Mo Date signed 8-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 me John a Weidert, Registered Apprentice No. Weidert and Co working under my personal supervision.

Signed John a Weidert

Licensed Embalmer No. 2238

P. O. Address Farmington Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.