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17-39
X23159

STANDARD CERTIFICATE OF DEATH

State File No. 2590

FILED FEB 14 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 31

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: 1406 W. Calhoun St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community all life
years, months or days)

3. (a) PRINT FULL NAME JAMES FRANKLIN GRAVES

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ellen Frances 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased October 4 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Ash Grove Missouri
(City, town or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business

12. Name Isaac P. Graves

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lena Ryan

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

16. (a) Informant Mrs. Lucy Fitzgerald

(b) Address 1352 Frisco Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberson Prairie

18. (a) Signature of funeral director F. C. Thiem

(b) Address Springfield, Mo.

19. (a) 1-10-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1352 Frisco 6
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th
year 1941 hour 5:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1-8-41
to 1-9-41 1941

that I last saw him alive on 1-8-41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

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? Yes

While at _____ (Specify type of place) _____
Means of injury _____

23. Signature Henry J. Kuehl M. D. or other _____

Address Springfield, Mo. Date signed 1/11/41

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

9
2
6

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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..... *R. H. Lucius*

Licensed Embalmer No. *3651*

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.