

S. No. 2  
4-13-40  
5-17-39  
X231

APR 10 1941  
Registration District No. **1046**

Primary Registration District No. **5810**

Registrar's No. \_\_\_\_\_

73  
000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Joplin Rural - Shoal Creek Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
SHOAL CREEK TWP. - Joplin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME ZELLA MARIE M<sup>c</sup> GRAW

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE race WHITE

5. Color or race \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased OCTOBER 25 1940  
(Month) (Day) (Year)

8. AGE: Years 0 Months 4 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace NEWTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

MOTHER FATHER { 12. Name OSCAR W. M<sup>c</sup> GRAW

13. Birthplace MORGANFIELD KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name VIOLA C. M<sup>c</sup> GRAW

15. Birthplace RICHIE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar W. M<sup>c</sup> Graw

(b) Address Seneca Missouri

17. (a) Burial (b) Date thereof 3-3-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Barley Thompson

(b) Address Seneca Mo.

19. (a) 3-8-41 (b) Ed J. Garrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. Shoal Creek Twp.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day March  
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Probably Drouth Pneumonia  
Had been sick a few days  
Due to There had been no physician in charge

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

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

Major findings: 109

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Ed J. Garrison (M. D. or other)

Address Seneca Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 8

District File Number 441-673

Date Filed APR 8 1947

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

*Corey Thompson*

Licensed Embalmer No.

3259

P. O. Address

*Neaks 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.