

FILED MAY 23 1941

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

12781  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Audrain Registration District No. 26  
 (b) Township Wolf River Primary Registration District No. 3002 Registered No. 71  
 (c) City Mexico (d) Street No. Audrain Hospital St. 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. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

HENRY CARL GRAVE  
 (a) Residence, No. JONESBURG MO St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Grave  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1853  
 7. AGE YEARS 87 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) 1925 11. Total time (years) spent in this occupation 60

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

FATHER 13. NAME Detrich Grave

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Johanna Kimmel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co. Mo.

17. INFORMANT (ADDRESS) George Grave, Beechflower, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Springs DATE April 29 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ward's Pastors, American

20. FILED April 26 1941 Blanche Kelly Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-27-41, 1941, to 4-26-41, 1941

I last saw him alive on 4-26-41, 1941. Death is said to have occurred on the date stated above, at 8:50 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (hypostatic) following operation Date of onset 12/1

Other contributory causes of importance: Hypertrophied Prostate, Hypertension, (radio) nephritis.

Name of operation Prostatectomy Date of 4-19-41

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify \_\_\_\_\_ (Signed) Frank Kelley M. D.

23 (Address) Mexico, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number

5-41-982

Date Filed

MAY 20 1941

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,

*D. B. Baker*

, or by

Registered Apprentice No.

, working under my personal supervision.

Signed

*D. B. Baker*

Licensed Embalmer No.

9376

P. O. Address

*American*

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.