

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 24878Registration District No. 206Primary Registration District No. 5283

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Clinton
 (b) City or town Boyer Rural Whitman
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether

In this community _____ years, months or days) 78 years 13. (a) PRINT FULL NAME Wellington Calvin Graves.

8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 16. (b) Name of husband or wife Ida Graves 6. (c) Age of husband or wife if alive 64 years7. Birth date of deceased May 9 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 1 27 hr. _____ min.9. Birthplace Buchanan Co. Mo. (City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farming12. Name Calvin M. Graves13. Birthplace Clarborne Co. Tenn. (City, town, or county) (State or foreign country)14. Maiden name Mary Jane Barton
15. Birthplace Cooper Co. Mo. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Ida Graves(b) Address Boyer Mo.17. (a) (Burial, cremation, or removal) (b) Date thereof July 8 - 1941
(Month) (Day) (Year)(c) Place: burial or cremation Allen Cemetery of Boyer18. (a) Signature of funeral director F. G. [unclear](b) Address Stewartsville Mo.19. (a) July 7-41 (b) Mrs. J. C. Starke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clinton 0215
 (c) City or town Boyer Rural 0
 (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1941 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from June 17th, 1941, to July 6th, 1941; that I last saw him alive on June 3rd, 1941; and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis

Duration

Due to Chronic Bright's disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/18

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. C. Starke (M. D. question) ✓
Address Boyer Mo. Date signed 7-7-41

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.....

J. G. Lyon

Licensed Embalmer No.....

P. O. Address.....

*957
Stewartville, Md*

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.

STANDARD CERTIFICATE OF DEATH

State File No. 24878

Registration District No. 205

Primary Registration District No. 5283

Registrar's No. _____

1. PLACE OF DEATH

(a) County Clinton
(b) City or town Lower Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wellington C. Graves

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ if less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) July 8-1941 (b) Ms. J. O. Starks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I first saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
(Immediate cause of death) _____

Duration

Due to _____

Due to _____

Other conditions _____
(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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-24878