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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1941

Registration District No. 337

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28413

Primary Registration District No. 4200

Registrar's No. 8

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Eagleville
(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 1 (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED: 041
(a) State Mo (b) County
(c) City or town EAGLEVILLE
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN THOMPSON GRAYBILL
3. (b) If veteran, name war No
3. (c) Social Security No. Yes
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife EMMA C. GRAYBILL
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov (Month) 11 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
74	7	3	hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Missouri
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name ANDREW J. GRAYBILL
13. Birthplace (City, town, or county) (State or foreign country) Missouri
MOTHER
14. Maiden name ORGEON SMITH
15. Birthplace (City, town, or county) (State or foreign country) Missouri
16. (a) Informant ANDREW J. GRAYBILL
(b) Address Eagleville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Harvey C. Robison
(b) Address Ridgeway Mo.
19. (a) Aug 6 1941 (Date received local registrar) (b) Mary Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3rd, year 1941, hour 6:30 minute A. M.
21. I hereby certify that I attended the deceased from July 31 1941 to Aug 3 1941, that I last saw him alive on July 31 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage. —	7-31-41
Due to General Arteriosclerosis	
Cardio-Vascular-Renal disease	
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Eagleville Date signed 8-5-41

704 (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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed: Harvey S Rogerson

Licensed Embalmer No. 3001

P. O. Address Rudgeway G

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

If this body is not embalmed, fact should be so stated above.