S. No. 2
M—1-4-41
. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 26549

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 218

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: F. S. O. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days (Specify whether
In this community 33 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Baby (Boy) Graves
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 12 (Day) 1942 (Year)

8. AGE: Years | Months 1 | Days 03 | If less than one day hr. min.

9. Birthplace Kirksville (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Norma Ruth Graves
15. Birthplace Clarence (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant John H. Denby
(b) Address Kirksville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14-42 (Month) (Day) (Year)
(c) Place: burial or cremation County
18. (a) Signature of funeral director Summers & Powell
(b) Address Kirksville
19. (a) Aug 15-1942 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1942 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 12 1942, 19__, to Aug 13 1942 that I last saw him alive on Aug 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus
Due to Pyloric Stenosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 John H. Denby (M. D. or other) D.O.
Address Kirksville Date signed 8/13/42

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-42-1721
Date Filed SEP 8 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.