

FILED JAN 25 1943
42

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
504 So 22nd St
(If not in hospital or institution, write street number or location)

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

In this community 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 504 So 22nd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Robert Graves

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1943 hour 5 minute 30 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mellie

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Feb 23 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5 1943 to Jan 7 1943
that I last saw him alive on Jan 7 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Pneumo. pneumonia (Terminal)

Duration 5 days

9. Birthplace Atchison Co. Mo
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Mechanic

Other conditions Chronic myocard - Sclerosis (Arteriosclerosis)
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Wm E Graves

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

14. Maiden name Edna Francis Saunders

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mellie Graves

(b) Address 504 So 22nd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Colhoun St

19. (a) 1-12-43 (Date received local registrar) (b) Gene Huggins (Registrar's signature)

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 _____ (Specify type of place)

(e) Means of injury _____

23. Signature Gene Huggins (M. D. or other)

Address 620 Francis Date signed 1/9/43

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

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: _____

Robert H. Gypke

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.