

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1943

16943

State File No. _____

2157

Registration District No. 149Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Children's Mercy Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
 (Specify whether
 In this community _____
 years, months or days) 1 Day

3. (a) PRINT
FULL NAMECharles Duain Graves

3. (b) If veteran,

name war. no

3. (c) Social Security

No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, child
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased march 7 1942
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 2 2 hr. min.9. Birthplace Polk Co. Mo
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
 12. Name Guy Graves
 13. Birthplace Boone Co. Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Dora Neal
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Guy C. Graves(b) Address Bolivar, Mo.17. (a) Removal (b) Date thereof 5-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bolivar, Mo.18. (a) Signature of funeral director Erwin Blue(b) Address Bolivar, Mo.19. (a) 5-10-43 (b) M. M. Cromel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
 (c) City or town Bolivar (Rural)
 (If outside city or town limits, write "RURAL.")
 (d) Street No. Star Route Home E. 2
 (If rural, give location) Bolivar
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 9
year 1943 hour 5:00 minute 05 P.M.21. I hereby certify that I attended the deceased from May 9
3:15 Am. 1943, to May 9 5:05 PM 1943
that I last saw him alive on May 9 5:05 PM 1943
and that death occurred on the date and hour stated above.Immediate cause of death Aspiration of Foreign
BodyDue to Brain of corn in
BronchusDue to _____ 1950Other conditions _____
(Include pregnancy within 3 months of death) 99Major 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) _____ 123
 (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 023. Signature H. M. Whitley (M. D. or other) _____
Address 1624 Poplar St. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 17 1943

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

Willard B Erwin

Licensed Embalmer No.

3092

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.