

S. No. 2
M-243
5-17-36
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20383

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2886

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:
Rockhill Manor, 4237 South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 14 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mrs. Alice Medora Ludwick Graves

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

4. Sex Female / race White 5. Color or White 6. (a) Single, widowed, married, divorced, Widowed,

6. (b) Name of husband or wife W. W. Graves, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased December 30 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 29 hr. min.

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

10. Usual occupation at home,

11. Industry or business no.

12. Name John L. Ludwick,

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

14. Maiden name Mary E. Fletcher,

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

16. (a) Informant Irl T. Oliver,

(b) Address Kansas City, Missouri,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-30-43 (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Missouri,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-29-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1943 hour 2:06 minute a. M.

21. I hereby certify that I attended the deceased from Jan 2 - June 28 1943
that I last saw her alive on June 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Generalized Arteriosclerosis Hypertension Personny Arteriosclerosis 4 yrs 4 yrs 4 yrs

Due to gila

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Carl H. Hunt (M. D. or other)

Address 106 W. 14th St. K.C. Mo. Date signed 6/29/43

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

MOTHER FATHER

361

JUL 7 1963

Dr. Carl Brust,

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. C. Blair*.....

Licensed Embalmer No. *4179*.....

P. O. Address *H. C. Ind.*.....

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.