S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33795

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4484

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: 0 General Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether

In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 710 Washington 2nd Fl. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GEORGE GRAVES

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June 26, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	20	hr. min.

9. Birthplace Marshall, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business

FATHER
12. Name Logan Graves
13. Birthplace Miami, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Fields
15. Birthplace Covington Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation HICKAND

18. (a) Signature of funeral director Felgus & Greenstreet

(b) Address 1819 E. 15th K C Mo

19. (a) 10-22-43 (Date received local registrar) (b) N. E. Brown Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16 year 1943 hour 1: minute 00 A.M.

21. I hereby certify that I attended the deceased from 10-1-43, 19, to 10-16-43, 19; that I last saw him alive on Oct. 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	
Due to Carcinoma of Stomach	
Due to 46/5	
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 G C Gurney (M. D. or other) M.D.

Address General Hospital No. 2 Date signed 10-19-43

(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.....

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15th KCM

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.