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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41615

FILED JAN 4 1942

Registration District No. 1942

Primary Registration District No. 1000

Registrar's No. 1382

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: 806 South 17th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 806 South 17th
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JENNIE CAROL MONTGOMERY GRAVES

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race 3 negro

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Benjamin F. Graves

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

7. Birth date of deceased July (Month) 4 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	4	7	hr. min.

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

10. Usual occupation Caterest

11. Industry or business

FATHER
12. Name Milton Steele
13. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Josephine Hopkins
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Mrs. Cecil Harvey
(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Neaton BeGole & Bowman
(b) Address 319 South 10th

19. (a) 12/13/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1943 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from Dec 10 1943 to Dec 11 1943
that I last saw her alive on Dec 10 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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 Fenton Woodrow (M. D. or other)

Address 109 1/2 W. Mo. St Joseph, Mo Date signed 12/13/43

1233

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fenton Gordon
109½ N. Missouri

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 Elmer Thomas

Licensed Embalmer No. 2640

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.