

FILED JAN 14 1944

Registration District No. ....

Primary Registration District No. 5628

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Falcon (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Graceland Inn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Rural (If outside city or town limits, write "RURAL") 0  
(d) Street No. ✓ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH ELLEN GRAVEN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife S.A. Graven 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 10 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 1 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business  
12. Name John Sheets 9  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Stillins 9  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John Graven  
(b) Address Falcon mo.

17. (a) Burial (b) Date thereof Dec 10, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmi

18. (a) Signature of funeral director W.E. Holman  
(b) Address Lebanon mo.

19. (a) Dec 31-43 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7  
year 1943 hour 6 minute 30 P.M.

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

Immediate cause of death Paralytic Stroke  
To Heart block

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Similarity as age  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 95a  
Of autopsy \_\_\_\_\_

Duration  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Cause of injury \_\_\_\_\_

23. Signature W.E. Holman (M. D. or other)  
Address Lebanon Mo. Date signed Dec 14 1943

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

MOTHER FATHER

Received / -----  
Laclede County Health Unit  
File No. 12-43-179 -----  
Date Filed 1-12-44 -----

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**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 *Dorsey M. Howe* -----  
Licensed Embalmer No. *4222* -----  
P. O. Address *Lebanon 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.**