

No. 2  
-2-43  
-17-39  
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

48194

State File No. \_\_\_\_\_

FILLED JAN 14 1944

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 200

1. PLACE OF DEATH: Nodaway  
 (a) County Nodaway  
 (b) City or town Maryville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
3 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Graves  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Nancy Graves 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 16 1861  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

12. Name Manall Graves

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

14. Maiden name Ann Montgomery

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

16. (a) Informant Ed Vansickle

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof 12-29-43  
 (Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation High Prairie Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) Dec. 28 - 43 (b) Alvy Barber  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: \_\_\_\_\_  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Maryville (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2 1/2 mi. S.W.  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
 year 1943 hour 1:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Dec. 13, 1943 to December 27, 1943  
 that I last saw him alive on Dec. 26, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Chronic Bronchitis  
arteriosclerosis  
 Due to Dr. Prost

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 137a  
 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 Alvy Barber (M. D. another) \_\_\_\_\_  
 Address Maryville, Mo. Date signed 12-28-43

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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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..... *Wm L Gee* .....

Licensed Embalmer No..... *2539* .....

P. O. Address..... *Marysville* .....

**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.**