

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

FILED FEB 14 1944
Registration District No. 20

Primary Registration District No. 4198

State File No. _____
Registrar's No. 20

1. PLACE OF DEATH:

(a) County Leury

(b) City or town King City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Leury ³⁸

(c) City or town King City, Mo. ²
(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 Nelia A. Graves

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married) 2 divorced, widowed

6. (b) Name of husband or wife Willard P. Graves 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 8 4 hr. min.

9. Birthplace Leury County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benjamin L. Rainey

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

14. Maiden name Malvada Baxter

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

16. (a) Informant Elizabeth Rainey
(b) Address King City, Mo.

17. (a) Burial (b) Date hereof Feb. 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director Lucile M. Wilson
(b) Address King City, Mo.

19. (a) 2-5-1944 (b) Homer D. Debater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1944 hour 11 minute 0 AM

21. I hereby certify that I attended the deceased from January 21, 1944 to Feb 1, 1944
that I last saw her alive on Feb 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death coronary sclerosis

Due to _____

Due to arterio sclerosis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. J. ... (M. D. or other) _____
Address King City, Mo. Date signed 2/2/44

MAY 4 1944

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 Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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.