

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

FILED MAR 8 1944

7169  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Greene Registration District No. 128  
 (b) Township..... Primary Registration District No. 20213 Registered No. 20213  
 (c) City Springfield (d) Street No. 808 1/2 Grand St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds./

**2. PRINT FULL NAME Maude A. Graves**

(a) Residence, No. 909 E. Grand St.  (If nonresident, give city or town and State) 1  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Graves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd. 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>2nd</u>	<u>2nd</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

FATHER 13. NAME Daniel Radley

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Minda Wickle

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Charles Graves SpEd. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rt 4 Spring DATE 2-29 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morris S. Leiman Ash Grove Mo

20. FILED 2-29 1944 S. W. Handley Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1944

22. I HEREBY CERTIFY, That I attended deceased from I was called to see this woman, 19 about 2:30 A.M. Feb. 27. She was dead when I arrived, 2:45 AM. Death is said to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

Patient was dead when I arrived at the home. I suppose she dies of some heart condition, probably coronary thrombosis.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. J. Murch, M. D.

(Address) Springfield, Mo.

**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 Maudie O. Morris

Licensed Embalmer No. 20665

P. O. Address Ash Grove Md

**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, above space should be left blank.

X