

FILED JUN 23 1944
Registration District No. 152

Primary Registration District No. 5572

Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo. 18 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 109 S. Spring St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15
year 1944 hour 10:40 minute _____ M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive ✓ years 9-22-1880
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/28 1943 to 5/15 1944
that I last saw h. alive on 5/15 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 7 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of liver
Duration _____

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Retired

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER } 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant James Jackson County, Mo.

(b) Address Rt. Independence, Mo.

17. (a) Burial (b) Date thereof 5-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Mem

18. (a) Signature of funeral director W. B. Longford
(b) Address 110 S. Main St. Ind.

19. (a) May 18, 1944 (Date received local registrar) (b) W. H. Schuch (Registrar's signature)

PHYSICIAN H. G. F.
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 plow) (a) Means of injury _____

23. Signature J. R. Geane (M. D. or other) _____
Address Independence, Mo. Date signed 5/14/44

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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..... *H. O. Langford*
Licensed Embalmer No..... *3833*
P. O. Address..... *Summit*

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.